



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2021

Annual Report: No filing fee if received by the due date.

## Return completed form within 30 daysto:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

			Pnone: (208) 334-2300	
SOS Control Number: 537885 Non-Profit Corporation (D) Name and Mailing Address:		Filing Status: Active-Good S	tanding	20
		Date Formed: 03/20/2008	Formation Locale: ID	21
		('	(1) Add or Change Mailing Address:	
	NISTRIES, INC.			 ພ
3555 E 4000 N KIMBERLY, ID 83341-5185				4
KINDLIKET, IL	7 65541-5165			PM
Registered A	gent (RA) and Registe	red Office (RO) Address:	2) Change RA and/or RO Address:	<del>70</del> 0
JUDITH GOLA	AY		change in and/or no Address.	<b>O</b>
3555 E 4000 N				Í (
KIMBERLY, ID 83341				ceived
				λq
	Note: The Re	gistered Office address must be a physical	ldaho address (no postal box).	
(3) New Regis	stered Agent (RA) Sigi	nature:		<u> </u>
	<u></u>		2) above the new agent must sign here to accept the	appointment.
	Enter names and business	addresses (with zip code) of the President, Vice	e President, Secretary, Treasurer.	
Title	Name	Business Address	City, State, Zip	Ā
President	Byrd Goley	3555 E 4000 N	Kimberly Idaho 833	
	<u> </u>			<u> </u>
				<u> </u>
(5) Board of Direct	ctors names and business ac	dresses (with zip code). Attach additional she	et if necessary.	<del>О</del>
Name Busi		Business Address	City, State, Zip	82
			S-255.	ct
				g ct
	<del></del> -			<u> </u>
		-		<u>~~~~~~</u>
		<del></del>		<u> </u>
l				<del> </del>
(5) Signature:	Byrd Dale		) Date: 3 · 1 · 2	
(7) Type/Print Name: Byrd Golay		, Y (8	Title: President	D
Instructions: Le	egibly complete the form abo	/ ve. Sign and date this form and return to the a	ddress provided above	ıü