



Idaho Corporation Annual Report Form

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	Idaho Corporation Annual Report Form							-30
	File online at: sos.idaho.gov Return completed form with							_
	THE NO LATER THAN: 02/28/2020						Secretary of State Annual Reports	2
						450 1	North 4th Street	72
Annual Report: No filing fee if received by the due date. Boise, ID 83720 Phone: (208) 334-2300								1
							e. (200) 334-2300 	4/2
SOS Control Number: 133750 Filing Status: Active-Good Standing								202
General Busin	ness Corporatio		ate Formed: 02/07/1969 Formation Locale: ID				20	
Name and Mailing Address:					(1) Add or Change Mailing Address:			G
LINE VIEW FARMS, INC. 2269 W 800 S					04			 ც
ABERDEEN, ID 83210-1527								N
								AM
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Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:								
RICHARD A LINE 2269 W 800 S						ok		Ø
ABERDEEN,						- (ίνe
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	No	te: The Reg	istered (Office address must be a ph	ysical Idaho	o address	(no postal box).	· · · · · · · · · · · · · · · · · · ·
(3) New Regi	stered Agent (RA) Signa	ature:_					U
If a new agent is appointed in item (2) above, the new agent must sign here to accept the								the appointment.
	orporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.							
Title	Name	1	1	Business Address	<u> </u>		City, State, Zip	7 18 21 2
Proces	4 Leo	15	Line	1269 W, 115	$\sum_{i=1}^{N}$		Moerdeen, Id	13210
Secretary	Andy	Lina		2405 Lianne	N 87		Olack tool Jam	83.410Z
	7			Les			Jensijav, jeniu	_
(5) Board of Dire	ectors names and b	usiness add	resses (v	vith zip code). Attach addition	nal sheet if ne	ecessary.		H .
				ness Address			City, State, Zip	Ø
Kandy Line 10			100	0P/W, 100S			Black foot Iline	P32\$/
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							April April April April	ave
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(5) Sinnakun	20.C	100	~		(A) = (*	1 0 2 30	Ω̈́Ω
(5) Signature:	gut of	1-()	Xpl		(6) Date	: Te	b f, 2020	ň
(7) Type/Print Na	me: Richan	1	<u>, </u>	Line	(8) Title	: Oras	west	Ď
Instructions	egibly complete the	form above	Sign	nd date this form and return to	the address	//		e n n
ou doublis. L	.og.ory complete the	above	. Oigir ai	ing date this form and return to	Juie addiess	a provided	auuve.	Ž