



## **Idaho Corporation Annual Report Form**

File online at: SOSBIZ.idaho.gov

Due no later than: 05/31/2019

Reporting Year: 2019

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

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 366587 Non-Profit Corporation (D)  Name and Mailing Address: SHOSHONE COUNTY FOOD BANK, INC.		Filing Status: Active-Goo	_	-	
		Date Formed, 05/05/1997	·	Formation Locale: ID	
		C.	(1) Add or Change Mailing Address:		2:0
PO BOX 85	_				ū
KELLOGG, ID 83837	<b>,</b>				P.M
Pegistered Agent (P	Λ) and Pagistared	Office (RO) Address:			- ኢ ወ
GARY WOODY	A) alla Negistelea	Office (NO) Address.	(2) Change RA	A and/or RO Address:	O Q
317 EMERALD DR					۸T
KELLOGG, ID 83837	,				o o
					λq
	Note: The Regist	ered Office address must be a phys	ical Idaho addre	ss (no postal box).	_
(3) New Registered	Agent (RA) Signatı		( ( )		E
(4) Corporations: Enter no	aman and business adds			new agent must sign here to accept the appointme	<i>nt</i> <b>ር</b> ያ
Title Name		resses (with zip code) of the President, Vice President, S  Business Address		· · · · · · · · · · · · · · · · · · ·	Q
ride Name		Business Address		City, State, Zip	<u></u>
			***************************************		<u> </u>
					<u>``</u>
(5) Board of Directors nam	nes and business addres	ses (with zip code). Attach additional	sheet if necessar		<del>О</del>
Name	E	Business Address		City, State, Zip	υ,
Gary Woody	,	317 Emerald Dr.		Kellogg, Id 83837	
		902 S. DIVISIONST.		Wardner, Id 83837	
		Box 511		Pinehurst, Id 83850	D
Gail Nearing B		13 0 X 504	•	Pinehurst, Id 83850	
Rellie Lauigne 4		415 7th ST. Suite	/	Wallace, Id 83873	awer
Pam ELLIS	Ton	B6x 206 3 Hver		Silver Ten, Id 83867	<u>— Р</u>
		A			-
(5) Signature:	20 12		(6) Date: 4	10 7.14	nc
(c) Signature.	narile rock		- <del>``</del>	-10-2019	
(7) Type/Print Name:	rary wood	/	(8) Title: $\beta c$	and President	
Instructions: Legibly cor	/ nplete the form above.	Sign and date this form and return to t	he address provid	led above.	uue