



(5) Signature:

(7) Type/Print Name:

## **Idaho Corporation Annual Report Form**

8-18-20

8-18-20 Command

(6) Date:

(8) Title:

Due no later than: 09/30/2	bration (D)  Date Formed: 09/09/2019  Formation Locale: ID  ing Address:  (1) Add or Change Mailing Address:	
SOS Control Number: 3619090	Filing Status: Active-Good St	anding $lacksquare$
Non-Profit Corporation (D)	Date Formed: 09/09/2019	
Name and Mailing Address: American Legion Lloyd G. McCarter Pos PO BOX 234 SAINT MARIES, ID 83861-0234		
Registered Agent (RA) and Registere JAMES V SHUBERT 170 PONDEROSA LN SAINT MARIES, ID 83861  Note: The Regis	(2)	Change RA and/or RO Address:  Change RA and R
Note: The Registered Office address must be a physical Idaho address (no postal box).  H  (3) New Registered Agent (RA) Signature:		
		above, the new agent must sign here to accept the appointment
(4) Corporations: Enter names and business add		
Title Name	Business Address	City, State, Zip
COMMANDER JAMES SHUBI		ST. MARIES, ID 83861
V. COMMANDER HELEN MUFFL		ST. MARIES TO 83861
DV. COMMANDER GARY HILL VANCE OFF. DAVID HILL	P.O. BOX 234 P.O. BOX 234	ST. MARIES, ED 83861 K
(5) Board of Directors names and business addre		•
Name	Business Address	City, State, Zip
ADJUTANT   ROBERT GRIESER		ST MARIES ID 8386/
CHAPLAIN DEAN JOHNSON	P.O. BOX 234	ST. MARIES, ID 8386/A
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