



# Idaho Corporation Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 06/30/2019

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 286933

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 06/01/1990

Formation Locale: ID

**Name and Mailing Address:**

BLOOMINGDALE NEIGHBORHOOD ASSOCIATION, INC.

5037 W CATALPA DR

BOISE, ID 83703

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

HEATHER MCALPINE

5106 W CATALPA COURT

BOISE, ID 83703

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*[Signature]*  
If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

| Title     | Name             | Business Address     | City, State, Zip |
|-----------|------------------|----------------------|------------------|
| President | Richard Ocamisa  | 5037 W CATALPA DR    | Boise ID 83702   |
| Treasurer | Heather McAlpine | 5106 W CATALPA COURT | Boise ID 83702   |
| Secretary | Chas Ocamisa     | 5037 W CATALPA DR    | Boise ID 83702   |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|------|------------------|------------------|
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |

(5) Signature:

*[Signature]*

(6) Date:

8/6/2019

(7) Type/Print Name:

Heather McAlpine

(8) Title:

Treasurer

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0026-9334 08/06/2019 2:51 PM Received by ID Secretary of State Lawrence Denney