



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

File #: 0005911857

Date Filed: 9/25/2024 3:03:00 PM

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

Due no later than: 09/30/2024

SOS Control Number: 636655

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 09/12/2018

Formation Locale: ID

Name and Mailing Address:

AMERICAN NATUROPATHIC ASSOCIATION IDAHO CHAPTER-
IDANA, INC.
4500 RAILROAD AVE
CLAYTON, WA 99110-9790

(1) Add or Change Mailing Address:

American Naturopathic Association
Idaho Chapter-IDANA, INC.
3211 E. 34th Ave.
Spokane, WA.
99223

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

Amber Clements
58 MAPLEWOOD AVE
POCATELLO, ID 83204

(2) Change RA and/or RO Address:

Registered Agents Inc.
784 S. Clearwater Loop STE R
Kootenai County
Post Falls Idaho 83854

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

(3) New Registered Agent (RA) Signature:

David Roberts

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	Ed Williams	3211 E. 34 th Ave	Spokane, WA 99223
Vice Pres.	Matthew Loe	3211 E. 34 th Ave.	Spokane, WA 99223
Sec.	Lea Levi	3211 E. 34 th Ave	Spokane, WA 99223
Treasurer	Kenneth Frankel	3211 E. 34 th Ave.	Spokane, WA 99223

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

Name	Business Address	City, State, Zip
Rustie Freeland	3211 E. 34 th Ave	Spokane, WA 99223
Jeremy R. Wilson	3211 E. 34 th Ave.	Spokane, WA 99223
Dale Henry	3211 E. 34 th Ave.	Spokane, WA 99223
Debra Castagno	3211 E. 34 th Ave.	Spokane, WA 99223

(5) Signature:

Lea Levi

(6) Date:

9/13/24

(7) Type/Print Name:

Lea Levi

(8) Title:

3:15 P.M. / Sec.

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

B0932-6149 09/25/2024 3:03 PM Received by Office of the Idaho Secretary of State