



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 10/31/2021

## Orm Return completed form within 30 days in:

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

| Annual Report: No filing fee if received by the due date.                        |  | Boise, ID 83720<br>Phone: (208) 334-2300             | , 26<br>, 50<br>, 50<br>, 50<br>, 50<br>, 50<br>, 50<br>, 50<br>, 50 |
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|  |  |  | <u>~`</u>  |
| SOS Control Number: 476343   | Filing Status: Active-Go                       |  | 02   |
| Non-Profit Corporation (D)   | Date Formed: 10/07/200                         | Formation Locale: ID                                 | <b>–</b>   |
| Name and Mailing Address:  |  | (1) Add or Change Mailing Address:                   | 12   |
| HISPANIC SENIORS OF IDAHO  | , INC.   |  | ••   |
| 111 N GRANT ST   |  |  | 3<br>5   |
| NAMPA, ID 83687-6923   |  |  | MA   |
| Registered Agent (RA) and Reg<br>JUDY OTERO<br>111 N GRANT ST<br>NAMPA, ID 83687 | gistered Office (RO) Address:                  | (2) Change RA and/or RO Address:                     | Receive  |
| 17.11.71, 15. 00007  |  |  | ው<br>ሷ   |
| Note: Th   | ne Registered Office address must be a phy     | rsical Idaho address (no postal box).                | Åq   |
| (3) New Registered Agent (RA)  | Signature:                                     |  | 브  |
|  |  | item (2) above, the new agent must sign here to acce | ept the appointment  |
| (4) Corporations: Enter names and busin  | ness addresses (with zip code) of the Presiden | t, Vice President, Secretary, Treasurer.             | Φ<br>22  |
| Title Name   | Business Address                               | City, State, Zip                                     | ŭ  |
| President Judy 01  | ero 1117. Brant                                | St. namon ID   | 83687  |
| Treasurer Lynda Z  | Camudio III n. Grant                           | 87 nanya ID  | 836870   |
| Serretary Elva VI  |  | 1 2  | -1210  |
| ——————————————————————————————————————   | ss addresses (with zip code). Attach additiona | Notes Hampa +1).                                     | 83687°   |
| Name   | Business Address                               |  |  |
| Italiie  | Business Address                               | City, State, Zip                                     |  |
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|  |  |  | ij   |
| (5) Signature: Quely (   | Tuo  | (6) Date: 10/1/2021                                  | awerenc  |
| (7) Type/Print Name.   | Otero  | (8) Title: President.                                | <del></del>  |
|  | -  |  |  |

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