



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2020

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

Return completed form within 30 days to Mildaho Secretary of State

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

Annu	ai Keport: No	Tiling tee it r	eceived by the due date.		Phone: (208) 334-2300	11/
SOS Control Number: 327580 Non-Profit Corporation (D)			Filing Status: Active-Good Standing			V.
			Date Formed: 05/02/19	94	Formation Locale: ID	
Name and Mailing Address: TWIN FALLS COUNTY FAIR & RODEO FOUNDATION, INC. 215 FAIR AVE						ر د د
FILER, ID 83	328-5314					1
Registered Agent (RA) and Registered Office (RO) Address: JOHN PITZ 215 FAIR AVE FILER, ID 83328 (2) Change RA and/or RO Address: [2] Change RA and/or RO Address: [3] The RA and Registered Office (RO) Address: [4] Change RA and Registered RA and RO Address: [5] The RA and Registered Office (RO) Address: [6] Change RA and Registered RA and RA and Registered RA and RA an						ק מ ה ל ת מ
	No	te: The Registe	ered Office address invest be a ph	ysical Idaho a	address (no postal box).	γg.
(3) New Regis	stered Agent (RA) Signatu	re: X	\mathcal{A}		
		·	If a new agent is appointed i	n item (2) above	e, the new agent must sign here to accept the appointmen	
(4) Corporations:	Enter names and	l business addre	esses (with zip code) of the Preside	nt, Vice Presid	dent, Secretary, Treasurer.	Q.
Title	Name		Business Address		City, State, Zip	-
President	Phullis P	Beard	2040-B E. 380	ON.	Filer, ID 83328	1
Vice President	Mary E	elenn	2296 5. 4195	N.	Filer, ID 83328	, <u>al</u>
Trusurer	John F	?+z	3635 N. 1900	E.	Filer ID 83328	
Secretary	Vickie	Cowger	3873 N. 200	OE.	Filer, ID 83328	
(5) Board of Dire	ctors names and t	ousiness address	ses (with zip code). Attach addition	nal sheet if ned	cessary.	Η
Name		В	Susiness Address		City, State, Zip	-
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	CM	14				<u> </u>
(5) Signature:	ZY.	B()		(6) Date:	June 8, 2020	C
(5) Signature: (6) Date: June 8 2020 (7) Type/Print Name: John Fitz (8) Title: Tressurer						
Instructional		e form above	Sign and date this form and return t	o the address		1111