



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 02/28/2021

Return completed form within 30 days 600

Idaho Secretary of State

|                                                                                                          |                                |                                                 | 450 North 4th                                          | · ·                                    |
|----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|--------------------------------------------------------|----------------------------------------|
| Ann                                                                                                      | ual Report: No filing fe       | e if received by the due date.                  | by the due date.  Boise, ID 83720 Phone: (208) 334-230 |                                        |
| SOS Control                                                                                              | Number: 312422                 | Filing Status: Active-Good                      | Standing                                               | G                                      |
| General Busi                                                                                             | ness Corporation (D)           | Date Formed: 02/11/1993                         | Formation Loc                                          | cale: ID                               |
| Name and M                                                                                               | lailing Address:               |                                                 | 1) Add or Change Mailing                               | Address:                               |
|                                                                                                          | AND SURVEYING, INC.            | •                                               |                                                        | +<br>(                                 |
| 8911 W VICT                                                                                              |                                |                                                 |                                                        | ļ                                      |
| ,                                                                                                        |                                | . <del>-</del> .                                |                                                        |                                        |
|                                                                                                          | <u> </u>                       |                                                 | · · · · · · · · · · · · · · · · · · ·                  | 7                                      |
| Registered Agent (RA) and Registered Office (RO) Address:  WADE PORTER  (2) Change RA and/or RO Address: |                                |                                                 |                                                        |                                        |
| 8911 W. VICTORY RD.                                                                                      |                                |                                                 |                                                        |                                        |
| BOISE, ID 83709                                                                                          |                                |                                                 |                                                        |                                        |
|                                                                                                          |                                |                                                 |                                                        | t                                      |
|                                                                                                          | Note: The Re                   | gistered Office address must be a physica       | I Idaho address (no posta                              | I hox).                                |
| (2) New Dear                                                                                             |                                |                                                 | , , , , , , , , , , , , , , , , , , , ,                | t conj.                                |
| (3) New Reg                                                                                              | istered Agent (RA) Sigr        |                                                 | (2) above, the new agent mus                           | st sign here to accept the appointment |
| (4) Corporations                                                                                         | Enter names and business a     | addresses (with zip code) of the President, Vio | e President, Secretary, Tre                            | easurer.                               |
| Title                                                                                                    | Name                           | Business Address                                | City, St                                               | ate, Zip                               |
| Sciretary                                                                                                |                                |                                                 | 2cad Boise                                             | , ID, 83709                            |
| President Wade K. Porter                                                                                 |                                |                                                 |                                                        | 1D, 83769                              |
| Director                                                                                                 | Jeanette Po                    | rter 8911 W. Victory                            | Road Bois                                              | =, 1D, 83709                           |
| (5) Board of Dire                                                                                        | ectors names and business ad   | Idresses (with zip code). Attach additional she | eet if necessary.                                      |                                        |
| Name                                                                                                     |                                | Business Address                                | City, St                                               | ate, Zip                               |
| M. Chris                                                                                                 | tine Porter                    | 18911 W. Victory R                              | oad Bois                                               | C. ID. 83709                           |
| W-443-                                                                                                   |                                | 10111 W/ VICIO 9 12                             | pad Bois                                               | <u> </u>                               |
| Jeanette Porter 89                                                                                       |                                | 8911 W. Victory R                               | load Bois                                              | ٤,10,83709                             |
|                                                                                                          |                                | <del> </del>                                    |                                                        |                                        |
|                                                                                                          | 4                              |                                                 |                                                        |                                        |
|                                                                                                          |                                |                                                 |                                                        |                                        |
|                                                                                                          | 11/1/1                         |                                                 |                                                        |                                        |
| (5) Signature:                                                                                           | 1/0/                           | 75                                              | 6) Date: $1/21/26$                                     | 021                                    |
| (7) Type/Print Na                                                                                        | ame: WADE K.                   | PORTER                                          | B) Title: PRESIDE                                      | i pit                                  |
| Instructions: L                                                                                          | _egibly complete the form abov | ve. Sign and date this form and return to the   | address provided above.                                |                                        |