



# Idaho Corporation Annual Report Form

File online at: [sosbiz.idaho.gov](https://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-**

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

Due no later than: 09/30/2024

**SOS Control Number:** 590963

**Filing Status:** Active-Good Standing

**General Business Corporation (D)**

**Date Formed:** 09/04/2012

**Formation Locale:** ID

### Name and Mailing Address:

(1) Add or Change Mailing Address:

INDUSTRIAL BOILERS AMERICA, INC.  
STE G  
921 S ORCHARD ST  
BOISE, ID 83705-1992

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

(2) Change RA and/or RO Address:

SYNERGY CORPORATE SERVICES, LLC  
1555 W SHORELINE DR STE 100  
BOISE, ID 83702

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

### (3) New Registered Agent (RA) 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 | BENJAMIN J PERKINS | 2415 East Camelback Rd Suite 700 | Phoenix, AZ 85016 |
|           |                    |                                  |                   |
|           |                    |                                  |                   |
|           |                    |                                  |                   |

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

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

(5) Signature:

(6) Date: 9/13/24

(7) Type/Print Name: BENJAMIN J PERKINS

(8) Title: President

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

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