



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 01/31/2019

Reporting Year: 2018

Return completed form within 30 days to: idaho Secretary of State

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Received

Attn: Annual Reports 450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300

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lf	reinsta	atement	is re	quired,	the	reinstaten	neni	fee	is \$30.	.00.

SOS Control Number: 301090

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Foreign Business Corporation

Filing Status: Active-Good Standing

Date Formed: 01/03/1992

Formation Locale: OREGON

Name and Mailing Address:

C.C.P.D., INC. PO BOX 203 PENDLETON, OR 97801

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

(2) Change RA and/or RO Address:

(1) Add or Change Mailing Address:

TED C CARNER 24 E IDAHO AVE HOMEDALE, ID 83628

Note: The Registered Office address must be an Idaho address.

(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.

VICE FRES NONE				ty, State, Zip		Address	Business		Name	1	l'itle
	/	91801	OR 9	PHOLETON;	PLACE	NW HORN 1	2274	ARNER	TEO C.	SIDENT	PRESIO.
									NONE	E PRES	VICE PR
SECRETARY CHARLOTTE P. CARNER 2274 N.W. HORN FLACE PENDLETON, OR 97.	801	918	OR	PENOLETON,	PLACE	N.W. HORN	2274	P. CARNER	CHARLOTTE	RETARY	SEURETHI

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

Name	Business Address	City, State, Zip	_];
TED CICHENER	2274 N.W. HERN FLACE	PENDLETON, OR. 97861	
CHARLOTTE P. CARNER	BATY NW HORN PURE	PENDLETON UR 97801	
DARI A. TENNANT	101 SW 20TH AVE	HENDLETON, On. 97801	

(5)	Signature:	de de la constante de la const	danie de la constante de la co	6	$\langle - \rangle$	ana	لبرر
-		7		70	1		

(6) Date: JAN. 30, 2019

(7) Type/Print Name: TED. C. CARNER

(8) Title: 138510ENT

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

Lawerence Denney

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