



## Idaho Corporation Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 09/30/2019

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

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

**SOS Control Number:** 371017

**Filing Status:** Active-Good Standing

**Non-Profit Corporation (ID)**

**Date Formed:** 09/12/1997

**Formation Locale:** ID

**Name and Mailing Address:**

MUIRFIELD HOMEOWNERS ASSOCIATION, INC.  
937 MUIRFIELD LANE  
NAMPA, ID 83686

(1) Add or Change Mailing Address:

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

ROBERT C FRANK  
937 MUIRFIELD LANE  
NAMPA, ID 83686

(2) Change RA and/or RO Address:

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	Secretary of State
President	Larry Grimes	936 Muirfield Lane, Nampa, Idaho	83686	
V. President	Paul Alekseyev	843 Muirfield Lane, Nampa, Idaho	83686	
Secretary	Katherine Brown	930 Muirfield Lane, Nampa, Idaho	83686	
Treasurer	Robert Frank	937 Muirfield Lane, Nampa, Idaho	83686	

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

Name	Business Address		City, State, Zip	State Lawyer General
Title	Name	Business Address	City, State, Zip	State Lawyer General
President	Larry Grimes	936 Muirfield Lane, Nampa, Idaho	83686	
V. President	Paul Alekseyev	843 Muirfield Lane, Nampa, Idaho	83686	
Secretary	Katherine Brown	930 Muirfield Lane, Nampa, Idaho	83686	
Treasurer	Robert Frank	937 Muirfield Lane, Nampa, Idaho	83686	

**(5) Signature:** Robert C. Frank **(6) Date:** 8/8/2019

**(7) Type/Print Name:** Robert C. Frank **(8) Title:** Treasurer

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