



# Idaho Corporation Annual Report Form

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

Due no later than: 02/28/2022

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

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

SOS Control Number: 404981

Filing Status: Active-Good Standing

General Business Corporation (D)

Date Formed: 02/10/2000

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

WESTERN LOCOMOTIVE GROUP, INC.

PO BOX 1532

BOISE, ID 83701-1532

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

(2) Change RA and/or RO Address:

THOMAS W BLASINGAME

6703 W FERNWOOD DR

BOISE, ID 83709

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	Thomas W. Blasingame	Post Office Box 1532	Boise, Idaho 83701-1532
Vice Pres	Mike Gibson	Post Office Box 1532	Boise, Idaho 83701-1532
Secretary	Thomas W. Blasingame	Post Office Box 1532	Boise, Idaho 83701-1532
Treasurer	Thomas W. Blasingame	Post Office Box 1532	Boise, Idaho 83701-1532

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

Name	Business Address	City, State, Zip
Director Helene B. Blasingame	Post Office Box 1532	Boise, Idaho 83701-1532
Director John S. Blasingame	Post Office Box 1532	Boise, Idaho 83701-1532
Director Randy N. Jensen	Post Office Box 1532	Boise, Idaho 83701-1532

(5) Signature:

*Thomas W. Blasingame*

(6) Date:

1-25-2022

(7) Type/Print Name:

Thomas W. Blasingame

(8) Title:

President

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

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