



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 12/31/2019

## Return completed form within 30 days to Idaho Secretary of State

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street

| Annı  | ual Report: No filing fe     | Boise, ID 83720<br>Phone: (208) 334-2300      | /19/   |                       |
|---|------------------------------|---|--|-----------------------|
| SOS Control   | Number: 418095               | Filing Status: Active-Good                    | I Standing                                     | <del>2</del>          |
| General Business Corporation (D)                        |                              | Date Formed: 12/29/2000                       | Formation Locale: ID                           | 19                    |
| Name and M<br>ALLEN HOLE<br>PO BOX 25<br>NAMPA, ID      |                              |   | (1) Add or Change Mailing Address:             |                       |
| Registered A<br>MARK ROBE<br>819 4TH AVE<br>NAMPA, ID 8 | ERT ALLEN<br>E N             | ered Office (RO) Address:                     | (2) Change RA and/or RO Address:               | AM Received           |
|   | istered Agent (RA) Sig       | If a new agent is appointed in ite            | m (2) above, the new agent must sign here to a | ccept the appointment |
|   |                              | addresses (with zip code) of the President, \ | •  | <u>υ</u>              |
| Title   | Name                         | Business Address                              | City, State, Zip                               | <u>Q</u>              |
| Misidant  | Made Robert Alle             | r f0 Fox 25                                   | Nampa, ID                                      | 836530<br>t           |
| (5) Board of Dire                                       | ectors names and business a  | ddresses (with zip code). Attach additional s | heet if necessary.                             | 0                     |
| Name  |                              | Business Address                              | City, State, Zip                               | #<br>B<br>C<br>C      |
|   |                              |   |  | Lawen                 |
| (5) Signature:  | Hall ale                     |   | (6) Date: 12/19/19                             | e n<br>Q              |
| (7) Type/Print Na                                       | ame: Marie R. Alex           | -   | (8) Title: president                           | <del></del>           |
| Instructions: L   | egibly complete the form abo | ve. Sign and date this form and return to the | address provided above.                        | Denr                  |