



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 01/31/2022

Return completed form within 30 days to Note that the secretary of State Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise ID 83720

Annual Report: No filing fee if received by the due date.			Phone: (208) 334-2300	. 2
SOS Control Number: 517347 Professional Service Corporation (D)		Filing Status: Active-Good Standing		
		Date Formed: 01/03/2007	Formation Locale: ID	N
	ailing Address:		(1) Add or Change Mailing Address:	N
	CHAPMAN, CPA, CHTD.			56
2620 N 28TH BOISE, ID 83				
BOISE, ID 60	7703-3410			ב ב
	want (DA) and Bariotanad	LOffice (PO) Address:		7. 0
ROBERT T C	gent (RA) and Registered	Office (RO) Address.	(2) Change RA and/or RO Address:	0
2620 N 28TH				ŢV
BOISE, ID 83	3703 (ADA COUNTY)			ceived
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(2) Nov. Domi	_	ered Office address must be a physic	al Idaho address (no postal box).	H
(3) New Regis	stered Agent (RA) Signati		n (2) above, the new agent must sign here to accept the appointr	
(4) Corporations:	: Enter names and business addr	esses (with zip code) of the President, \	/ice President, Secretary, Treasurer.	ø
Title	Name	Business Address	City, State, Zip	<u>2</u>
Resident	Robert T. Chap		7 C.M. J C	
				<u> </u>
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		sses (with zip code). Attach additional s		H
		Business Address	City, State, Zip	<u> </u>
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	$\frac{1}{2}$			Q
(5) Signature:	Mil. Com	<u>-</u>	(6) Date: \- 6 - 2 2	0
(7) Type/Print Na	me: Robert Ti	Charman	(8) Title: Resident	De
Instructions: 1		Sign and date this form and return to the	andress provided shove	Denne
	-3y complete the form above.	organisatio date time form and return to the	addiess provided above.	<u></u>