



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

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

Due no later than: 08/31/2023

SOS Control Number: 101284

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 08/01/1957

Formation Locale: ID

Name and Mailing Address:

ST. MARIES SADDLE CLUB, INC.
708 GOOSEHAVEN RD.
ST MARIES, ID 83861-9490

(1) Add or Change Mailing Address:

St Maries Saddle Club
P.O. Box 44
St Maries, Idaho 83861

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

MARSHA HABBERSTAD
708 GOOSEHAVEN RD
SAINT MARIES, ID 83861

(2) Change RA and/or RO Address:

Diane Farrell
1360 St Joe City Rd
St Maries, Id 83861

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Diane Farrell

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	Carol Lindberg	P.O. Box 44	St Maries, Id 83861
Vice Pres	Diane Farrell	1360 St Joe City Rd	St Maries, Id 83861
Secretary	Alicia Dickison	P.O. Box 44	St Maries, Id 83861
Treasurer	Mandy Cabral	P.O. Box 44	St Maries, Id 83861

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

Name	Business Address	City, State, Zip
Carol Lindberg	P.O. Box 44	St Maries, Id 83861
Diane Farrell	1360 St Joe City Rd	" " " "
Mandy Cabral	P.O. Box 44	" " " "
Stacy Flowers	" "	" " " "
Gretchen Aasgaard	" "	" " " "
Deb Zimmnicki	" "	" " " "

(5) Signature:

Marsha Habberstad

(6) Date:

9-12-23

(7) Type/Print Name:

Marsha Habberstad

(8) Title:

Registered Agent

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

Emeritus
Outgoing

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