

## **Idaho Corporation Annual Report Form**

## -FILED-

Registered Agent (RA) and Registered Office (RO) Address:  (2) Change RA and/or RO Address:  Note: The Registered Office address must be a physical Idaho address (no postal box).  Note: The Registered Office address must be a physical Idaho address (no postal box).  Note: The Registered Office address must be a physical Idaho address (no postal box).  Note: The Registered Office address must be a physical Idaho address (no postal box).  Note: The Registered Office address must be a physical Idaho address (no postal box).  Note: The Registered Agent (RA) Signature:  ### If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.  #### Ocroporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.  ##################################		Idaho Corporation Annua	l Report Form
Idaho Secretary of State Attr. Annual Reports Atto. North 4th Street Boise, ID 83720 Phone: (208) 334-2300  Annual Report: No filling fee if received by the due date.  SOS Control Number: 311376 General Business Corporation (D) Date Formed: 01/11/1993 Formation Locale: ID  Name and Mailing Address: (1) Add or Change Mailing Address: (1) Add or Change Mailing Address: (2) Change RA and/or RO Address: MERLE HUMPHREY LOGGING, INC. PO BOX 504  Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: MERLE DEEN HUMPHREY SOS CARLEY LIN ST MARIES, ID 83861  Note: The Registered Office address must be a physical Idaho address (no postal box).  3) New Registered Agent (RA) Signature:  ### ### ### ### ### ### ### ### ### #		File online at: sosbiz.idaho.gov	
Sos Control Number: 311376  General Business Corporation (D)  Name and Malling Address:  MERLE HUMPHREY LOGGING, INC.  PO BOX 504  ST MARIES, ID 83861-0504  Registered Agent (RA) and Registered Office (RO) Address:  MERLE DEEN HUMPHREY  50 CARLEY LN  ST MARIES, ID 83861  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 liem (2) above, the new agent must agen here to accept the appointment.  4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.  Tittle Name Business Address City, State, Zip    Registered Agent (Ra) Fig. Humphrey (Congrey Lance St. Humphrey Congress (with zip code) of the President (Ra) (Ra) (Ra) (Ra) (Ra) (Ra) (Ra) (Ra)	Idaho Secretary of St Attn: Annual Reports 450 North 4th Street Boise, ID 83720	ate	-FILED- File #: 0005116500
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MERLE HUMPHREY LOGGING, INC. PO BOX 504 ST MARIES, ID 83861-0504  Registered Agent (RA) and Registered Office (RO) Address:  MERLE DEEN HUMPHREY 50 CARLEY LN ST MARIES, ID 83861  Note: The Registered Office address must be a physical Idaho address (no postal box).  3) New Registered Agent (RA) Signature:  # 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 Varia** Carretary Carretary Carretary Carretary Carretary Carretary Carretary State	General Business Corporation (D)	Date Formed: 01/11/1993	Formation Locale: ID
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Signature:    Name   Business Address   City, State, Zip		gnature:	
Secretary Carol Humphrey Go Carley Lane ST Maries, TD 33861 Secretary Carol Humphrey Go Carley Lane ST. Maries, TD 83861  (5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.  Name  Business Address  City, State, Zip  5) Signature:  (6) Date: 26/23	4) Corporations: Enter names and business	s addresses (with zip code) of the President, Vice President	dent, Secretary, Treasurer.
Name  Business Address  City, State, Zip  5) Signature:  (6) Date: 2 6/23	President Merle Hum VPresident Caral Hu	phrey 60 Carley Lane	ST Maries ID 33861 ST Maires ID 83861
5) Signature: (6) Date: 2/6/23	(5) Board of Directors names and business a	addresses (with zip code). Attach additional sheet if nec	cessary.
	Name	Business Address	City, State, Zip
	(5) Signature:	um phrey (6) Date:	26/23 V President

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

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