



Idaho Corporation Annual Report Form

	File online at: SOSBIZ.idaho.gov Due on/Before: 01/31/2019 Reporting Year: 2018						Return completed form within 30 days to				_
Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00.								Attn: Annual Reports 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300			
SOS Contro	l Number: 49	9091	F	iling Status:	Active-	Good Stand		(200) 00 1 2 3		-	2/2
	ness Corporati			ate Formed			•	mation Locale: II)		2
Name and M	Mailing Addres	s:			- ··	(1) Ad	ld or Chai	nge Mailing Address:			
R & L LEZAN	_	••				. ,					<u></u>
1027 E 720 I											5
RICHFIELD,	ID 83349							1			
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_	Agent (RA) and	d Registere	ed Offic	e (RO) Addı	ess:	(2) Ch	nange RA	and/or RO Address:			₽ Pe
LYNDA LEZAMIZ-TABER				Lynde			Lynda	heramiz			Ω̈́
1027 E 720 I RICHFIELD,	-						•				ï
MOIII ILLD,	10 00040										ived
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		No	te: The R	egistered Offic	e addres	s must be an	Idaho ad	idress.			Уq
(3) New Reg	istered Agent	(RA) Signa	ture:	Lynd,							H
								accept the appointme	nt. na	ime change	- 0
	ldresses (esident, S	D					
Title	Name	/		Business				City, State, Zip		11 022/10	?
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(5) Board of Dir	ectors names and	business add	ress (with	zip code). Atta	ch additio	nal sheet if ne	cessary.				0
Name			Busine	ss Address				City, State, Zip)		
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(5) Signature:	Lynda	You				(6) Da	ite:	12-27-18			<u>a</u>
(7) Type/Print N	ame:		Lynda	Lezamiz	•	(8) Tit	le:	12-27-18 Corp. officer	-		er
Instructions:	Legibly complete t	he form above	Enclose	a check mad	e payable	to the Idaho	Secretar	y of State for \$30 if		ting.	n e
Sign and date	this form and retur	n to the addres	ss provide	d above.							O O
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