

## **Idaho Corporation Annual Report Form**

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For Office Use Only

B0914-2409

## -FILED-

File #: 0005787611

Date Filed: 6/24/2024 1:39:00 PM

Due no later than: 07/31/202

(7) Type/Print Name:

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

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

SOS Control Number: 509115 Non-Profit Corporation (D)			Filing Status: Active-Good Standing			20
			Date Formed: 07/14/2006	Form	ation Locale: ID	24
Name and M	lailing Address:			(1) Add or Chang	e Mailing Address:	<b>—</b>
GENESEE QUILTERS, INCORPORATED			i			
1351 OLD H						39
GENESEE, I	D 83832-9792					PM
						Z
_	Agent (RA) and Regis	tered Off	ice (RO) Address:	(2) Change RA a	nd/or RO Address:	Re C
MARY STOU 1351 OLD H						ው
GENESEE, I						ive
OLINLOLL, I	D 03032					O D
						_ ਹ
	Note: The	Registered	Office address must be a physic	cal Idaho address	(no postal box).	٠
(3) New Ren	istered Agent (RA) Si	anature:				<u>o</u>
(o) New Neg	istored Agent (NA) Or	gnature	If a new agent is appointed in ite	m (2) above, the ne	w agent must sign here to acc	ept the appointmen#
(4) Corporation	s: Enter names and busines	ss addresses	s (with zip code) of the President, \	/ice President, Se	cretary, Treasurer.	įc
Title	Name		Business Address		City, State, Zip	Ō
Pres	Viekie Storey		811 3rd ST		Clarkston	WA 99 9
V. Pres	Pres Teresa Thorsten		403 Wahut		Genegee I	D 8383
Sec Susan Grubb				ANT C		D 8350
Treas	Mary STO		1351 Old Huy		Gripe sec I	D 83832.
	rectors names and business		with zip code). Attach additional s	sheet if necessary.		H
Name Bus		Busi	ness Address		City, State, Zip	<u></u>
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	<i>D</i> 11	C.			-	ary
(5) Signature:	1//14 m W	Am f		(6) Date: /a	- 20 -2014	4

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

STOUT

State

(8) Title: Treasurer