



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 01/31/2021

Return completed form within 30 days to: No ldaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

| Annual Report: No filing fee if received by the due date.  |  |   | Boise, ID 83720<br>Phone: (208) 334-2300                     |              |
|--|--|---|--|--------------|
| SOS Control  | Number: 301090                         | Filing Status: Active-Good Sta                    | ctive-Good Standing  |              |
|  |  | Date Formed: 01/03/1992                           | Formation Locale: OREGON                                     | 2            |
| C.C.P.D., INC  |  | (1)   | Add or Change Mailing Address:                               | -            |
| PO BOX 203 PENDLETON   | N, OR 97801-0203                       |   |  | , G          |
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| BILL NICHOL  |  | ered Office (RO) Address: (2)                     | Change RA and/or RO Address:                                 | 7000<br>000  |
| NAMPA, ID 83687  |  |   |  | TVed         |
|  | Note: The R                            | egistered Office address must be a physical lo    | laho address (no postal box).                                | ק<br>ק       |
| (3) New Regi   | istered Agent (RA) Sig                 | nature:   | above, the new agent must sign here to accept the appointmen | ⊢            |
| (4) Corporations   | s: Enter names and business            | addresses (with zip code) of the President, Vice  | President, Secretary, Treasurer.                             | V<br>T       |
| Title  | Name                                   | Business Address                                  | City, State, Zip   | ij           |
| PRESIDEN   |  |   |  |              |
| SECRETARY  | CHARLETTE P. C.                        | ARNER 2274 NW HORD PL.                            | PENDLETON, OR 99801  | <u> </u>     |
|  |  |   |  |              |
| (5) Board of Dir   | rectors names and business a           | ddresses (with zip code). Attach additional sheet | if necessary.  |              |
| Name   |  | Business Address                                  | City, State, Zip   | O<br>H       |
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| <u> </u>   |  |   |  | <del></del>  |
| (5) Signature:   | 1206-6                                 | -am (6)   | Date: /2/19/2020   | <b>6</b> 110 |
| (7) Type/Print N   | Title: $P_{R\bar{e}} \leq .$           |   |  |              |
|  |  | eve. Sign and date this form and return to the ad |  | Den          |