



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 12/31/2021

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

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

| | | ee ii received by the due date. | Pho | ne: (208) 334-2300 | 9 |
|---|---|--|--|--------------------------------------|----------------|
| SOS Contro | ol Number: 233918 | Filing Status: Active-0 | Filing Status: Active-Good Standing | | |
| Non-Profit Corporation (D) | | Date Formed: 12/14/1 | Date Formed: 12/14/1983 Formation Locale: ID | | 22 |
| Name and Mailing Address: (1) Add or Change Mailing ST. JOHN'S EVANGELICAL LUTHERAN CHURCH INC., OF BUHL, TWIN FALLS COUNTY, IDAHO | | | | nge Mailing Address: | |
| 1128 POPL BUHL, ID 8 | | | | | AM I |
| Registered Agent (RA) and Registered Office (RO) Address: GENE CLEMENS 1128 POPLAR ST BUHL, ID 83316 (2) Change RA and/or RO Address: | | | | | Received k |
| (3) New Re | Note: The gistered Agent (RA) Si | | | | ьу ID |
| | | | | ew agent must sign here to accept th | e appointmento |
| | as: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treas | | | cretary, Treasurer. | <u> </u> |
| Title | Name | Business Address | Business Address | | |
| | - | | | | <u> </u> |
| | | | | | <u>.</u> |
| | | | | | 0 |
| (5) Board of D | Directors names and business | addresses (with zip code). Attach addition | onal sheet if necessary | • | Ĥ, |
| Name Bu | | Business Address | ness Address | | ₹2 |
| Eveno | Clemens | 401 Main 5T | | Buhl 10 83316 |) <u>(†</u> |
| Brian | Beeson. | 4177N 1572E | | Buhl 10 833 | 16 tt |
| Terry | Hudale ston | | akes Grade | | 16 |
| 'Ron' | Referson | 3569N 1300 2 | 5 | Buhl 1D 833 | 16 F |
| | | | | | <u> </u> |
| | | . 0 | | | |
| (5) Signature/ | Lune 11/2 | en en | 2ے : 6) Date) | -6-202 | an ce |
| (7) Type/Print | Name: Eugene | T. Clemens | (8) Title: | esident / dir | ector |
| Instructions: | / : Legibly complete the form al | bove. Sign and date this form and return | to the address provide | d above. | nn |