

Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

For Office Use Only

B0903-0620

Received

γď

-FILED-

File #: 0005703989

Date Filed: 4/25/2024 9:37:00 AM

Due no later than: 05/31/2024

THE TOTAL PROPERTY OF THE PROP

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: 366587	Filing Status: Active-Good Standing		
Non-Profit Corporation (D)	Date Formed: 05/05/1997	Formation Locale: ID	
Name and Mailing Address:	(1) Add or Change Mailing Address:		
SHOSHONE COUNTY FOOD BANK, INC.			
PO BOX 85			

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

GINA DOERSCHEL 419 6TH ST WALLACE, ID 83873

KELLOGG, ID 83837-0085

Note: The Registered Office address must be a physical Idaho address (no postal box).

		If a new agent is appointed in item (2) a	If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.		
(4) Corporat	ions: Enter names and busines	ss addresses (with zip code) of the President, Vice Pr	resident, Secretary, Treasurer.		
Title	Name	Business Address	City, State, Zip		

Name	Business Address	City, State, Zip
JO ANN Groves	902 S. DIVISION	Kellogg 7d 83837
Gail Neating	Box 504	Pinehurst, Id 83850
Samantha Woody	501 W. RIVELSIDE	Kellogg, Id 83837
Bridge T Hojem	Box 1028	Osbarn Id 83849
Braden thomas	Box 323	05burn Id 83849

(5) Signature:	(6) Date: 4-22-24
(7) Type/Print Name: Jc Ann Groves	(8) Title: Sec Tres.

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

Idaho Secretary of Sta