



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 08/31/2021

Return completed form within 30 days to I

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Idaho Secretary of State Attn: Annual Reports

Ann	ual Report: No filing fe	e if received by the due date.	450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	8/06/2
SOS Control Number: 101284		Filing Status: Active-Good Sta	Filing Status: Active-Good Standing	
Non-Profit Corporation (D)		Date Formed: 08/01/1957	Formation Locale: ID	
Name and Mailing Address:		(1)	Add or Change Mailing Address:	12
ST. MARIES SADDLE CLUB, INC.				••
708 GOOSEHAVEN RD ST MARIES, ID 83861-9490				46
OT WANTES,	15 00001-9490			PM
Registered Agent (RA) and Registered Office (RO) Address: MARSHA HABBERSTAD 708 GOOSEHAVEN RD ST MARIES, ID 83861				Received
	Note: The Re	gistered Office address must be a physical lo	laho address (no postal box).	АЧ Р
(3) New Registered Agent (RA) Signature:				贯
			above, the new agent must sign here to accept the appointm	ent 2
		addresses (with zip code) of the President, Vice		•
Title	Name	Business Address	City, State, Zip	<u>G</u>
Prosident	t 70m Win		St Maries, ID 83861	
Securitary	Gretchen Ausge	MAC TANNO LAND	Ch. Pol ST. Maries 70 8386	/ 5
Treasure	1 Drhi Zimni	cki HWV3	ST. Maries ID838	
(5) Board of Dir		Idresses (with zip code). Attach additional sheet	if necessary.	Ö
Name		Business Address	City, State, Zip	
Gretchen Lasgard		1386 HWY5	St. Maries, ID 83861	<u>01</u>
Tom Wine		_ 1708 GOOSEMANEN_12	(1) St. Maries, ID 83861	
pigno Farrell 1		1360 STJONCITY KD	St Maries, In 83861	
Debizimnicki H		HWY3	ST Maries, TD 8386	
Carol Lindberg		108, (1002 Haven	LA. St. Maries, ID 8386	<u>/ w</u>
Gary Hopberstad		708 Goosehaven RD	ST. Maries, ID 8386	/ <u>a</u> w = 1
(5) Signature:	Marsha H.	atterstred (6)	Date: 8/3/2/	enc
(7) Type/Print N	ame: Marsha	Habberstad (8)	Title: Registered Agent	e □ e
Instructions:	Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.			