



Idaho Corporation Annual Report Form

File online at: sos.idaho.gov Due no later than: 04/30/2019

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

Phone: (208) 334-2300

SOS Control Number: 2535	573	2535	ımber:	N	ontrol	C	OS	S
--------------------------	-----	------	--------	---	--------	---	----	---

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 04/30/1986

Formation Locale: ID

(1) Add or Change Mailing Address:

Name and Mailing Address:

TWIN FALLS PUBLIC LIBRARY FOUNDATION, INC.

201 4TH AVE EAST TWIN FALLS, ID 83301

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

DIANE VANENGELEN 201 4TH AVE EAST TWIN FALLS, ID 83301 (2) Change RA and/or RO Address:

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

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip
President	Jake Tolman	383 Shashone St N	TWIN FAILS, ID 8331/3
Vice Pres.	Sandra Golay	1795 Julie Lane	'' '' 83301
Secretary	James Fields	643 Sunshine Dr	11 11 11
Treasurer	Cindy Harmon	CST 315 FAIIS AVE	11 11 //

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

Name	Business Address		City, State, Zip		
Andrea Dayley	7.3/1 Sunrise Blvd N	"	11	1.	
Janie Johnson	951 O'LPARY WOU	21	11	1.	
Mary Fart	2133 Addison AVE E	11	11	"	
Joe Pepple well	195 RIVER Vista Place ste 31	5 "	11	.,	
RON Moody	2750 Suncrest Circle	21	"		
Jacob HALL	510 2nd AVE 5	11	"	//	
Cindy BezAS	1413 Riverridge St	11	11	11	

(5) Signature: () inmn)	Van tmaslin	(6) Date: 4-24-2019	
(7) Type/Print Name: DIANA	J. Van Engelen	(8) Title: Executive Director	

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