



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2022

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

For Office Use Only

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Idaho Secretario Filed: 5/26/2022 11:34:00 AM

Attn: Annual Reports 450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

SOS Control Number: 588042

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 05/24/2012

Formation Locale: ID

Name and Mailing Address:

UNIVERSITY OF IDAHO RETIREES ASSOCIATION, INC.

KATHY BARNARD

875 PERIMETER DR MS 3232 OFFICE OF ALUMNI RELATION

MOSCOW, ID 83844-3232

(1) Add or Change Mailing Address:

UNIVERSITY OF IDAHO RETIRES ASSOCIATION, INC. AMY LIENTZ - ALUMNI RELATIONS 875 PERIMETER DR MS 3232

MOSCOW, ID 83844-3232

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

CATHRYN BARNARD KATHY BARNARD

1212 BLAKE AVE. HAYS HALL-G12

MOSCOW, ID 83844-3232

(2) Change RA and/or RO Address:

New RA: Amy Lientz

1212 Blake Ave. Hays Hall G12 Moscow, ID 83844-3232

RO Mailing Address:

875 Perimeter Drive MS 3232 L. Moscow, ID 83844-3232

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	Richard "Dick" Heimsch	875 Perimeter DR MS 3232	Moscow, ID 83844-3232	
Scretary	Patti Heath	875 Perimeter DR MS 3232	Moscow, ID 83844-3232	
Treasurer	Dale Ralston	875 Perimeter DR MS 3232	Moscow, ID 83844-3232	
Vice President	Vacant			

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

Business Address	City, State, Zip	
875 Perimeter DR MS 3232	Moscow, ID 83844-3232	
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(7) Type/Print N Jacob Milleson (8) Title: Program Coordinator, University of Idaho

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

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