



## **Idaho Corporation Annual Report Form**

File online at: SOSBIZ.idaho.gov

	File online at: SOSI  Due on/Before: 01/3	•	Return completed form within 30 days to:	
Annual Report: No filing fee if received by due date.  If reinstatement is required, the reinstatement fee is \$30.00.  Attn: Annual Reports 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300				
SOS Contro	Number: 561724	Filing Status: Inactive-Dissolve (Administrative)	ed Reinstate Entity (\$30 fee)	
Non-Profit Corporation (D)		Date Formed: 01/20/2010	Formation Locale: ID	
			Add or Change Mailing Address:	
NO AGENT	SIGNED OR INVALID	tered Office (RO) Address: (2) (2) (2) (2) (2) (3) (4) (4) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Change RA and/or RO Address:	
in the first of the second		Note: The Registered Office address must be a gnature:  appointed in item (2) above, the new agent must si	an Idaho address.	
	_ <del></del>	s addresses (with zip code) of the President, Vice F		
Title	Name	Business Address	City, State, Zip	
(5) Board of Dir	ectors names and business a	address (with zip code). Attach additional sheet if n	OCCOS DIV	
Name		Business Address	City, State, Zip	
Dan Str Janus	eftens Steffens	P.O. Box 453 P.O. Box 453	Troy 1D 83871 00	
(5) Signature:	GAR	(6) [	oate 1-21-9079  Fitte: TVP AMT (T)  o Secretary of State for \$30 if reinstating.	
(7) Type/Print Na	ame: Janus t.	Steffens (8) T	itte: TVP AMITOT	
	Legibly complete the form ab	ove. Enclose a check made payable to the Idah	o Secretary of State for \$30 if reinstating.	

Denney