

No. <b>C 73510</b>		Due no later than Aug 31, 2014 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MOUNTAIN HOME SENIOR CENTER, INC. RUTHADA POWELL 1000 NORTH 3RD EAST MOUNTAIN HOME ID 83647		RUTHADA POWELL 1000 N 3RD E MOUNTAIN HOME ID 83647		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	LISA M SIMPSON	215 BAKER DR.	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	GEORGE HALL	2251 S 10TH E	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	PAUL MOTT	955 N 13TH E	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	SUZANNE MORGAN	509 N 11TH E	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	ALICE CRAFT	1075 N TH E	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	GAIL BEST	1220 E 9TH N	MOUNTAIN HOME	ID	USA	83647
SECRETARY	PATSY ZASKE	545 N 9TH E	MOUNTAIN HOME	ID	USA	83647
PRESIDENT	RUTHADA POWELL	1000 NORTH 3RD EAST	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	KAREN BIRCHFIELD	945 W 5TH N APT D25	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of:  <b>ID C 73510</b>		6. Annual Report must be signed.* Signature: Lisa Simpson Name (type or print): Lisa Simpson Date: 06/11/2014 Title: Treasurer				
Processed 06/11/2014		* Electronically provided signatures are accepted as original signatures.				