

No. <b>C 83416</b>	Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>SAMUEL CARDENAS JR</b> 136 DIERKAS ST W TWIN FALLS ID 83301																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. AMERICAN LEGION, TWIN FALLS POST NO.7, CLARA A. HASBROCK MEMORIAL  PO BOX 863 TWIN FALLS ID 83303-0863		3. New Registered Agent Signature.																																				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Commander;</td> <td>Walt Mueller</td> <td>PO. Box 863</td> <td>TWIN FALLS</td> <td>Id.</td> <td>T.F.</td> <td>83303</td> </tr> <tr> <td>2nd Vice Comm.</td> <td>Mack Marston</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Adjutant;</td> <td>DAVE MARRON</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Financial off.</td> <td>Samuel Cardenas Jr</td> <td>PO Box 863</td> <td>TWIN FALLS</td> <td>Id.</td> <td>T.F.</td> <td>83303</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Commander;	Walt Mueller	PO. Box 863	TWIN FALLS	Id.	T.F.	83303	2nd Vice Comm.	Mack Marston	" " "	"	"	"	"	Adjutant;	DAVE MARRON	" " "	"	"	"	"	Financial off.	Samuel Cardenas Jr	PO Box 863	TWIN FALLS	Id.	T.F.	83303
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 83416</b>		6. Signature: <u>Samuel Cardenas Jr.</u> Date: <u>Mar. 17, 2010</u> Name (type or print): <u>Samuel Cardenas Jr.</u> Title: <u>Financial off. com.</u>																																					
Issued 01/19/2010 by LJM		201003000910																																					

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED