

No. C 79940 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. GREATER YELLOWSTONE COALITION, INC. FINANCE DEPARTMENT 215 SOUTH WALLACE AVE. BOZEMAN MT 59715-4872	2. Registered Agent and Address (NO PO BOX) KATHY RINALDI 60 E LITTLE AVE STE 201 DRIGGS ID 83422 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
DIRECTOR	LUCINDA REINOLD	215 S WALLACE	BOZEMAN	MT	USA	59715
DIRECTOR	DIANA SIMMONS	215 S WALLACE	BOZEMAN	MT	USA	59715
DIRECTOR	GEORGIE STANLEY	215 S WALLACE	BOZEMAN	MT	USA	59715
PRESIDENT	JIM SPENCER	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
SECRETARY	CHRIS NAUMANN	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
DIRECTOR	TAYA CROMLEY	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
TREASURER	ROBERT KEITH	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
DIRECTOR	PATRICK DOMINICK	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
DIRECTOR	KEN LICHTENDAHL	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
DIRECTOR	STAN ABEL	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
DIRECTOR	BRIAN KUEHL	215 S WALLACE AVE	BOZEMAN	MT	USA	59715-4872
DIRECTOR	TOM WINSTON	215 SOUTH WALLACE AVE.	BOZEMAN	MT	USA	59715-4872
DIRECTOR	JENNIFER WILSON	215 SOUTH WALLACE AVE.	BOZEMAN	MT	USA	59715-4872
DIRECTOR	SHERI WEBER	215 SOUTH WALLACE AVE.	BOZEMAN	MT	USA	59715-4872
DIRECTOR	WINDY WARNER	215 SOUTH WALLACE AVE.	BOZEMAN	MT	USA	59715-4872
DIRECTOR	BEN MACKAY	215 SOUTH WALLACE AVE.	BOZEMAN	MT	USA	59715-4872
VICE PRESIDENT	JOHN GOETZ	215 SOUTH WALLACE AVE.	BOZEMAN	MT	USA	59715-4872
DIRECTOR	WILL PRICE	10425 BRIDGER CANYON ROAD	BOZEMAN	MT	USA	59715
DIRECTOR	JANET OFFENSEND	1 MAIN STREET, #5D	BROOKLYN	NY	USA	11201
DIRECTOR	PETE COPPOLILLO	215 S. WALLACE AVE	BOZEMAN	MT	USA	59715
5. Organized Under the Laws of: MT C 79940		6. Annual Report must be signed.* Signature: KRIS THOMAS Name (type or print): KRIS THOMAS Date: 10/19/2016 Title: MANAGEMENT ASSOCIATE				
Processed 10/19/2016		* Electronically provided signatures are accepted as original signatures.				