Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 REXBURG LIONS CLUB, INC. REXBURG ID 8344 NO FEE REQUIRED * FIRST NOTICE * REXBURG ID 83440 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Jensel Managers or Members (check one) Office held Name Street or P.O. Address U. PICS RON Carpenter ISSIN INDE Secretary Garth, Flamm Ro Box SSO Rexbora Id 83448 Secretary Garth, Flamm Ro Box SSO Rexbora Id 83440 Director Deloy Hill 122 UBS Rexbura Id 83440 NATURE OF BUSINESS NATURE OF BUSINESS NON PROFIT SERVICE CLUB Name Primed) 6. Certify that this Annual Report has been examined by me and is to the best of my knowledge true, origet and compilate. Signature Address Name Primed) Title ISSUED: 37-05-1995	No. c 24755		eport Form	1996	2. Registered Agent an	d Office NOT A	P.O. BOX
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * REXBURG ID 83443 ID C 29755 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address Prosided Mike Phillips Prosided Mike Phillips Prosided Mike Phillips Prosided Sucar City Id 83448 U. Pres Ron Carpenter ISSIN More Sucar City Id 83448 U. Pres Ron Carpenter ISSIN More Sucar City Id 83448 Secretary Garth Flamm Ro Box 550 Rexburg Id 83440 Proceder Deloy Hill 122 W 35 Rexburg Id 83440 Rexburg Id 8440 Rexburg	SECRETARY OF STATE						
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Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address Prosident Mike Phillips P.O. Box 66 U. Pres Ron Carpenter 1557 N 1000 E Sugar City Tel 83448 Secretary Garth Flamm RO Box 550 Rexbors Tel 83440 Prestor Deloy Hill 122 W 35 Rexbors Tel 83440 Director Leo Peterson 64 E Main Robert Tel 83440 NATURE OF BUSINESS NON PROFIT SERVICE CLUB Name Typed or Printed) Title	* FIRST NOTICE *						55
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NATURE OF BUSINESS 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and controlled. Signature Name (Typed or Printed) Title	n. Sactor Leo	Peterson 64E,					
NATURE OF BUSINESS knowledge true, correct and contribute by the and is to the best of my Signature Date 9-34-96 NON PROFIT SERVICE CLUB Name (Typed or Printed) Title)),, 6		, ,		-,		
NON PROFIT SERVICE CLUB Name (Typed or Printed) Title		6. certify that t	his Armual Reports he	as been e	kamined by me and	is to the best	of my
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