

No. <u>69853</u> Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address <i>Please Correct If Not Correct</i> THURSTON PENCE POST NO. 360 JOHN M. BARKER RILEY MAXWELL P.O. BOX 549 RT. 4 BUHL ID 83316	2. Registered Agent and Office NOT A P.O. BOX WM. T. ATKINS ROUTE 5, BOX 5069 BUHL ID 83316 3. Incorporated Under The Laws of ID NC: 069853																								
4. Names and Addresses of Officers and Directors																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 45%; text-align: center;"><u>Name</u></th> <th style="width: 20%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>COMMANDER</td> <td>RILEY MAXWELL RT. 4</td> <td>BUHL</td> <td>ID</td> <td>83316</td> </tr> <tr> <td>Secretary:</td> <td>SK. VICE-COMM</td> <td>LINWOOD D. FAUNER - 3747 N. 1500 E.</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>QUARTERMASTER</td> <td>WM. T. ATKINS RT. 5-BOX 5069</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	COMMANDER	RILEY MAXWELL RT. 4	BUHL	ID	83316	Secretary:	SK. VICE-COMM	LINWOOD D. FAUNER - 3747 N. 1500 E.	"	"	"	Directors:	QUARTERMASTER	WM. T. ATKINS RT. 5-BOX 5069	"	"	"
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5. Nature of Business <u>TO MAINTAIN</u> <u>ADDRESS TO ALL V.F.W</u> <u>MEMBERS & NON MEMBERS OF</u> <u>THEIR RIGHTS & BENEFITS</u>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Wm. T. Atkins</u> Name (Typed or Printed) <u>WM. T. ATKINS</u> Date <u>7-26-91</u> Title <u>QUARTERMASTER</u>																									