

No. C 83766	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) MADGE E YACOMELLA 323 S MAIN CHALLIS ID 83226																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CUSTER LODGE NO. 21, I. O. O. F., INC. MADGE E YACOMELLA PO BOX 181 CHALLIS ID 83226		3. <u>New</u> Registered Agent Signature.																																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office Held</th> <th style="text-align: left; width: 15%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>James Savaria</td> <td>James Savaria</td> <td>22118 Valley Rd</td> <td>Challis,</td> <td>ID</td> <td>Custer</td> <td>83226</td> </tr> <tr> <td>Noble Grand</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary</td> <td>Linda Campbell</td> <td>425 River Dr</td> <td>Challis,</td> <td>ID</td> <td>Custer</td> <td>83226</td> </tr> <tr> <td>Treasurer</td> <td>Linda Curtis</td> <td>PO. Box 207</td> <td>Challis,</td> <td>ID</td> <td>Custer</td> <td>83226</td> </tr> <tr> <td colspan="7" style="padding-top: 10px;"> (Directors - Not App N/A) </td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	James Savaria	James Savaria	22118 Valley Rd	Challis,	ID	Custer	83226	Noble Grand							Secretary	Linda Campbell	425 River Dr	Challis,	ID	Custer	83226	Treasurer	Linda Curtis	PO. Box 207	Challis,	ID	Custer	83226	(Directors - Not App N/A)						
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5. Organized Under the Laws of: IDAHO C 83766		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> Signature:  </td> <td style="width: 40%; vertical-align: top;"> Date: 3/28/17 </td> </tr> <tr> <td style="vertical-align: top;"> Name (type or print): Madge E. Yacomella </td> <td style="vertical-align: top;"> Title: Asst M G. </td> </tr> </table>		Signature: 	Date: 3/28/17	Name (type or print): Madge E. Yacomella	Title: Asst M G.																																						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM