

| No. <b>C 131138</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Due no later than November 30, 2004</b><br><b>Annual Report Form</b>                                                                  |                                                                                                                                                | 2. Registered Agent and Office <b>NO PO BOX</b>                                                     |             |       |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------|-------|------------------------|------|-------|-----|-----------|--------------|------------------|-------|----|-------|----------|--|--|--|--|--|-----------|-------------|------------------------|---------|----|-------|----------|--|--|--|--|--|----------|---------------|-------------------|------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1. Mailing Address - Correct in this box, if applicable<br><br>WOMEN IN DEFENSE OF WOMEN SOCIETY,<br>4517 SHIRLEY AVE<br>BOISE, ID 83703 |                                                                                                                                                | JANET FRENCH<br>4517 SHIRLEY AVE<br>BOISE, ID 83703<br><br>3. <u>New</u> Registered Agent Signature |             |       |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JANET FRENCH</td> <td>4517 SHIRLEY AVE</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td>SALLY ISIGE</td> <td>1909 SHERMAN AVE<br/>#9</td> <td>MADISON</td> <td>WI</td> <td>53704</td> </tr> <tr> <td>DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DIRECTOR</td> <td>DOLORIS BAEHM</td> <td>1230 STARFIRE ST.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table> |                                                                                                                                          |                                                                                                                                                |                                                                                                     | Office held | Name  | Street or P.O. Address | City | State | Zip | PRESIDENT | JANET FRENCH | 4517 SHIRLEY AVE | BOISE | ID | 83703 | DIRECTOR |  |  |  |  |  | SECRETARY | SALLY ISIGE | 1909 SHERMAN AVE<br>#9 | MADISON | WI | 53704 | DIRECTOR |  |  |  |  |  | DIRECTOR | DOLORIS BAEHM | 1230 STARFIRE ST. | TWIN FALLS | ID | 83301 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                                                                                                     | Street or P.O. Address                                                                                                                         | City                                                                                                | State       | Zip   |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
| PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | JANET FRENCH                                                                                                                             | 4517 SHIRLEY AVE                                                                                                                               | BOISE                                                                                               | ID          | 83703 |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                |                                                                                                     |             |       |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
| SECRETARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SALLY ISIGE                                                                                                                              | 1909 SHERMAN AVE<br>#9                                                                                                                         | MADISON                                                                                             | WI          | 53704 |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                |                                                                                                     |             |       |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DOLORIS BAEHM                                                                                                                            | 1230 STARFIRE ST.                                                                                                                              | TWIN FALLS                                                                                          | ID          | 83301 |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 131138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          | 6. Signature <i>Janet French</i> Date <u>11/26/2004</u><br>Name <small>Typed or Printed:</small> <u>JANET A. FRENCH</u> Title <u>PRESIDENT</u> |                                                                                                     |             |       |                        |      |       |     |           |              |                  |       |    |       |          |  |  |  |  |  |           |             |                        |         |    |       |          |  |  |  |  |  |          |               |                   |            |    |       |

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