

## INSTRUCTIONS ON REVERSE SIDE

| No. <del>84013</del><br><b>REINSTATEMENT</b><br>Return To<br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br>AUG 10 4 PM '94<br>FORFEITED 12/1/88 OF STATE<br>FEE DUE: \$40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1,<br>1. Mailing Address — Please Correct<br>IDAHO TRAPSHOOTING HALL OF FAME, INC.<br><del>GALE M. HARRIS</del> KENT HARRIS<br><del>737 N 7TH STREET</del> 3717 CLUSTER DR.<br><del>BOISE ID 83705</del> BOISE, ID. 83705 | 2. Registered Agent and Office<br><del>GALE M. HARRIS</del> KENT HARRIS<br><del>737 N 7TH STREET</del> 3717 CLUSTER DR.<br><del>BOISE ID 83705</del> BOISE, ID. 83705<br>3. Incorporated Under The Laws<br>of<br>Idaho #85013 |             |       |                        |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |
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| 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>DARLENE MCKENZIE</td> <td>1060 MCKENZIE RD.</td> <td>TROY</td> <td>ID</td> <td>83871</td> </tr> <tr> <td>Secretary:</td> <td>KENT HARRIS</td> <td>3717 CLUSTER DR.</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Directors:</td> <td>ROGER ANDERSON</td> <td>1443 ELIZABETH - 4</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83403</td> </tr> <tr> <td></td> <td>DUANE MILLER</td> <td>P.O. BOX 157</td> <td>NEZ PERCE</td> <td>ID</td> <td>83543</td> </tr> <tr> <td></td> <td>LELAND SABIN</td> <td>RR 1 BOX 1360</td> <td>PAUL</td> <td>ID</td> <td>83347</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |             | Name  | Street or P.O. Address | City | State | Zip | President: | DARLENE MCKENZIE | 1060 MCKENZIE RD. | TROY | ID | 83871 | Secretary: | KENT HARRIS | 3717 CLUSTER DR. | BOISE | ID | 83705 | Directors: | ROGER ANDERSON | 1443 ELIZABETH - 4 | IDAHO FALLS | ID | 83403 |  | DUANE MILLER | P.O. BOX 157 | NEZ PERCE | ID | 83543 |  | LELAND SABIN | RR 1 BOX 1360 | PAUL | ID | 83347 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                                                                                                                                                                                                                                                                | Street or P.O. Address                                                                                                                                                                                                        | City        | State | Zip                    |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DARLENE MCKENZIE                                                                                                                                                                                                                                                                                    | 1060 MCKENZIE RD.                                                                                                                                                                                                             | TROY        | ID    | 83871                  |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | KENT HARRIS                                                                                                                                                                                                                                                                                         | 3717 CLUSTER DR.                                                                                                                                                                                                              | BOISE       | ID    | 83705                  |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ROGER ANDERSON                                                                                                                                                                                                                                                                                      | 1443 ELIZABETH - 4                                                                                                                                                                                                            | IDAHO FALLS | ID    | 83403                  |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DUANE MILLER                                                                                                                                                                                                                                                                                        | P.O. BOX 157                                                                                                                                                                                                                  | NEZ PERCE   | ID    | 83543                  |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LELAND SABIN                                                                                                                                                                                                                                                                                        | RR 1 BOX 1360                                                                                                                                                                                                                 | PAUL        | ID    | 83347                  |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |
| 5. Nature of Business<br>Preservation of Historic Trap-shooting Memorabilia and related educational activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>Kent M. Harris</u> Date <u>8-16-94</u><br>Name (Typed or Printed) <u>KENT M. HARRIS</u> Title <u>SECRETARY</u>                                          |                                                                                                                                                                                                                               |             |       |                        |      |       |     |            |                  |                   |      |    |       |            |             |                  |       |    |       |            |                |                    |             |    |       |  |              |              |           |    |       |  |              |               |      |    |       |