

|  |                 |   |          |  |         |                           |  |
|--|-----------------|---|----------|--|---------|---------------------------|--|
| No. <b>C 178680</b>  |                 | <b>Due no later than May 31, 2017</b>   |          | 2. Registered Agent and Address <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> |                 | <b>Annual Report Form</b>   |          | CHRISTOPHER P SIMMS<br>191 SUN VALLEY RD STE 209<br>KETCHUM ID 83340 |         |                           |  |
|  |                 | <b>1. Mailing Address: Correct in this box if needed.</b>   |          | 3. <u>New</u> Registered Agent Signature:*                           |         |                           |  |
|  |                 | BLAINE COUNTY COMMUNITY DRUG COALITION,<br>INCORPORATED<br>AMBER C LARNA<br>1050 FOX ACRES RD STE 106<br>HAILEY ID 83333<br>USA |          |  |         |                           |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |   |          |  |         |                           |  |
| Office Held  | Name            | Street or PO Address  | City     | State  | Country | Postal Code               |  |
| DIRECTOR   | DAN YOUNG       | PO BOX 6687   | KETCHUM  | ID   | USA     | 84430                     |  |
| DIRECTOR   | MARK RATLIFF    | PO BOX 587  | BELLEVUE | ID   | USA     | 83313                     |  |
| DIRECTOR   | MICHAEL DONOVAN | 311 EAST BULLION  | HAILEY   | ID   | USA     | 83333                     |  |
| DIRECTOR   | JASON WILLIAMS  | 318 EAST SPRUCE   | HAILEY   | ID   | USA     | 83333                     |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 178680</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Amber Larna<br>Name (type or print): Amber Larna                                |          |  |         |                           |  |
|  |                 |   |          | Date: 03/21/2017   |         | Title: Executive Director |  |
| Processed 03/21/2017   |                 | * Electronically provided signatures are accepted as original signatures.   |          |  |         |                           |  |