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|--|----------------|--|---------------|--|------------------|-------------|--|
| No. C 175329 | | Due no later than Oct 31, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | LAURICE BOUTZ 1310 AMBER ST MOUNTAIN HOME ID 83647 | | | |
| | | 1. Mailing Address: Correct in this box if needed. FRIENDS OF THE MOUNTAIN HOME PUBLIC LIBRARY INC ED SHARP 880 SAGE CIRCLE MOUNTAIN HOME ID 83647 USA | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | BONNY SHARP | 880 SAGE CIRCLE | MOUNTAIN HOME | ID | USA | 83647 | |
| SECRETARY | NADINE ROBERTS | 1235 HOLIDAY DR | MOUNTAIN HOME | ID | USA | 83647 | |
| TREASURER | ROBERT ROBERTS | 1235 HOLIDAY DR | MOUNTAIN HOME | ID | USA | 83647 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 175329 | | Signature: Robert Roberts | | | Date: 09/23/2010 | | |
| | | Name (type or print): Robert Roberts | | | Title: Treasurer | | |
| Processed 09/23/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |