

No. 049055	Idaho Corporation Annual Report Form		2. Registered Agent and Office																																																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1987		AARON YORK																																																									
	B. Mailing Address — Please Correct 049055		955 SOUTH WATER																																																									
LOST RIVERS SENIOR CITIZENS, INC AARON YORK 902 65 ARCO IDAHO 83213		ARCO, IDAHO 83213																																																										
4. Names and Addresses of Officers and Directors		3. Incorporated Under The Laws of of JUL 10 1987 STATE OF IDAHO																																																										
<table border="1"> <thead> <tr> <th data-bbox="87 388 459 425"></th> <th data-bbox="467 388 789 425">Name</th> <th data-bbox="797 388 1120 425">Street or P.O. Address</th> <th data-bbox="1128 388 1367 425">City</th> <th data-bbox="1376 388 1516 425">State</th> <th data-bbox="1524 388 1637 425">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="87 425 459 468">President:</td> <td data-bbox="467 425 789 468">Maxine Braithwaite</td> <td data-bbox="797 425 1120 468">P. O. Box 917</td> <td data-bbox="1128 425 1367 468">Moore</td> <td data-bbox="1376 425 1516 468">Id.</td> <td data-bbox="1524 425 1637 468">83255</td> </tr> <tr> <td data-bbox="87 468 459 510">Secretary:</td> <td data-bbox="467 468 789 510">JoAnn Hoover</td> <td data-bbox="797 468 1120 510">H.C.65 Box 2118</td> <td data-bbox="1128 468 1367 510">Howe</td> <td data-bbox="1376 468 1516 510">Id.</td> <td data-bbox="1524 468 1637 510">83244</td> </tr> <tr> <td data-bbox="87 510 459 553" rowspan="6">Directors: Treasurer</td> <td data-bbox="467 510 789 553">Aaron York</td> <td data-bbox="797 510 1120 553">P. O. Box 122</td> <td data-bbox="1128 510 1367 553">Arco</td> <td data-bbox="1376 510 1516 553">Id.</td> <td data-bbox="1524 510 1637 553">83213</td> </tr> <tr> <td data-bbox="467 553 789 595">Marie Quist</td> <td data-bbox="797 553 1120 595">Rt. #1 Box 205</td> <td data-bbox="1128 553 1367 595">Arco</td> <td data-bbox="1376 553 1516 595">Id.</td> <td data-bbox="1524 553 1637 595">83213</td> </tr> <tr> <td data-bbox="467 595 789 638">Mary Andreason</td> <td data-bbox="797 595 1120 638">P. O. Box 462</td> <td data-bbox="1128 595 1367 638">Arco</td> <td data-bbox="1376 595 1516 638">Id.</td> <td data-bbox="1524 595 1637 638">83213</td> </tr> <tr> <td data-bbox="467 638 789 680">Ned R. Walker</td> <td data-bbox="797 638 1120 680">P. O. Box 32</td> <td data-bbox="1128 638 1367 680">Arco</td> <td data-bbox="1376 638 1516 680">Id.</td> <td data-bbox="1524 638 1637 680">83213</td> </tr> <tr> <td data-bbox="467 680 789 723">Rolland Jones</td> <td data-bbox="797 680 1120 723">P. O. Box 33</td> <td data-bbox="1128 680 1367 723">Arco,</td> <td data-bbox="1376 680 1516 723">Id.</td> <td data-bbox="1524 680 1637 723">83213</td> </tr> <tr> <td data-bbox="467 723 789 766">Jo Spraker</td> <td data-bbox="797 723 1120 766">P. O. Box 10</td> <td data-bbox="1128 723 1367 766">Arco</td> <td data-bbox="1376 723 1516 766">Id.</td> <td data-bbox="1524 723 1637 766">83213</td> </tr> <tr> <td data-bbox="87 766 459 808"></td> <td data-bbox="467 766 789 808">Mary Davies</td> <td data-bbox="797 766 1120 808">P. O. Box 10</td> <td data-bbox="1128 766 1367 808">Moore</td> <td data-bbox="1376 766 1516 808">Id.</td> <td data-bbox="1524 766 1637 808">83255</td> </tr> </tbody> </table>							Name	Street or P.O. Address	City	State	Zip	President:	Maxine Braithwaite	P. O. Box 917	Moore	Id.	83255	Secretary:	JoAnn Hoover	H.C.65 Box 2118	Howe	Id.	83244	Directors: Treasurer	Aaron York	P. O. Box 122	Arco	Id.	83213	Marie Quist	Rt. #1 Box 205	Arco	Id.	83213	Mary Andreason	P. O. Box 462	Arco	Id.	83213	Ned R. Walker	P. O. Box 32	Arco	Id.	83213	Rolland Jones	P. O. Box 33	Arco,	Id.	83213	Jo Spraker	P. O. Box 10	Arco	Id.	83213		Mary Davies	P. O. Box 10	Moore	Id.	83255
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5. Nature of Business Aging Program, Nutrition and support services	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Aaron York</u> Date <u>July 1, 1987</u> Name (Typed or Printed) <u>Aaron York</u> Title <u>Treasurer</u>																																																											