| No. <b>C 185547</b>  |      | Due no later than Dec 31, 2012   |                          |   | 2. Registered Agent and Address (NO PO BOX) |       |         |             |
|--|------|--|--------------------------|---|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALZHEIMER'S KOAD FOUNDATION, INC. TONY JACKLICH 16549 OLD FRIENDSHIP WAY CALDWELL ID 83607 |                          | ERIN DILLON 16549 OLD FRIENDSHIP WAY CALDWELL ID 83607  3. New Registered Agent Signature:* |   |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine                  |      | USA  ess Addresses of President, Secretary, and Directors. Treasurer   |                          | ontional)   |   |       |         |             |
| Office Held  | Name | icos / idai cosco di Tircola   | Street or PO Address     | usurer (  | City  | State | Country | Postal Code |
| PRESIDENT TONY JACKLICH  |      | ICH  | 16549 OLD FRIENDSHIP WAY |   | CALDWELL                                    | ID    | USA     | 83607       |
| 5. Organized Under the Laws of:  ID  C 185547  |      | 6. Annual Report must be signed.* Signature: Tony Jacklich Name (type or print): Tony Jacklich   |                          |   | Date: 10/20/2012<br>Title: President        |       |         |             |
| Processed 10/20/2012 * Electronically provided signatures are accepted as original signatures. |      |  |                          |   |   |       |         |             |