No. C 140815	Due no later than Sep 30, 2010 Annual Report Form		P.O. BOX	2. Registered Agent and Office (NOT A P.O. BOX) BECKY KELLOM 300 4TH ST BOVILL ID 83806			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Cor BOVILL IMPROVEMEI COMMUNITY INC. BECKY KELLOM						
NO FILING FEE IF RECEIVED BY DUE DATE	PO BOX 652 BOVILL ID 83806		3. <u>New</u> Regis	stered Age	nt Signature.		
4. Corporations: Enter Nam	es and Business Addresses of	President, Secretary, Dire	ectors and(optional)	Treasurer.			
Office Held Nam		Street or PO Address	City	State	Country I	Postal Code	
President To	oni Steiner	POB 549	Bouill	ID	Latah 1	83886	
V Pres Je	an Childers	POB 615	Baill	ID	Lator	83806	
Sec/Tres. Be		POB 652	Bov:11	ĪD	hatah	83746	
Sant. Arms 5	heila Loomis	POB 578	Bovill	ID	Latoh	83806	
Most President L	eahann Brady	POD 616	Bouill	ID	Lath	85806	
Divector/member	Chris Childon	POB 615	Bouill	ID.	Ladah	83806	
Boodly releaves	all mail at Po	Boxes"	·				
5. Organized Under the Lav	vs of: 6. Signature:	cher Kell	om	·	Date: 8	-2-10	
C 140815	Name (type or prin	Kellom	Mom Title: Sou/Fres				
Issued 07/09/2010 by DK1						101971	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho: not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not put "same as last year" or "same as above"</u>. These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

 $\textbf{Block 5:} \ \textbf{May not be altered through the use of this form.}$ 

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

\*\* The Image of this form will be available on the internet once It has been filed. DO <u>NOT</u> enter Social Security numbers.

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existance. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED