No. C 53920		Due no later than Jul 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		1015 MAIN S	JOHN S MCKINNEY 1015 MAIN STREET SALMON ID 83467			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		LEMHI COUNTY HUMANE SOCIETY, INC. CINDY L. PHELPS PO BOX 1918 SALMON ID 83467			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CAROL YERDEN		P.O. BOX 1918	SALMON	ID	USA	83467	
PRESIDENT	CINDY L. PHELPS		P.O. BOX 1918	SALMON	ID	USA	83467	
VICE PRESIDENT	DIANA WEISS		P.O. BOX 1918	SALMON	ID	USA	83467	
DIRECTOR	SHIRLEY ANDERSON		P.O. BOX 1918	SALMON	ID	USA	83467	
DIRECTOR	KEN HILL		P.O. BOX 1918	SALMON	ID	USA	83467	
SECRETARY	LOUISE WAGENKNECHT		P.O. BOX 1918	SALMON	ID	USA	83467	
DIRECTOR	LCHS		P.O. BOX 1918	SALMON	ID	USA	83467	
DIRECTOR	MARY ANN TORBETT		P.O. BOX 1918	SALMON	ID	USA	83467	
DIRECTOR	VAL OLSON		P.O. BOX 1918	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 53920		Signature: Tan		Date: 06/26/2017				
		Name (type or print): Tamara L. Bruhn-Nelson Title: Bookkeeper				er		
Processed 06/26/2017 * Electronically provided signatures are accepted as original signatures.								