




No. 349953	Idaho Corporation Annual Report Form		2. Registered Agent and Office																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 88 JUL 11 PM	Due No Later Than November 1, 1988		A.K. DODDS P.O. BOX A KIMBERLY, IDAHO 83341																															
	1. Mailing Address — Please Correct 049953																																	
	ALUMNI ASSOCIATION OF THE KIMBER A.K. DODDS BOX A KIMBERLY ID 83341		3. Incorporated Under The Laws of STATE OF IDAHO																															
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Melvin Jones</td> <td>525 So. Saguaro</td> <td>Apache Junction, AZ.</td> <td></td> <td>85220</td> </tr> <tr> <td>Secretary:</td> <td>A. K. Dodds</td> <td>Box A</td> <td>Kimberly, Idaho</td> <td></td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>Ms. Willette Nail</td> <td>RT # 1 - Box 4046</td> <td>Twin Falls, Idaho</td> <td></td> <td>83301</td> </tr> <tr> <td></td> <td>Merrill Glenn</td> <td>RT. # 2- Box 236</td> <td>Kimberly , Idaho</td> <td></td> <td>83341</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Melvin Jones	525 So. Saguaro	Apache Junction, AZ.		85220	Secretary:	A. K. Dodds	Box A	Kimberly, Idaho		83301	Directors:	Ms. Willette Nail	RT # 1 - Box 4046	Twin Falls, Idaho		83301		Merrill Glenn	RT. # 2- Box 236	Kimberly , Idaho		83341
	Name	Street or P.O. Address	City	State	Zip																													
President:	Melvin Jones	525 So. Saguaro	Apache Junction, AZ.		85220																													
Secretary:	A. K. Dodds	Box A	Kimberly, Idaho		83301																													
Directors:	Ms. Willette Nail	RT # 1 - Box 4046	Twin Falls, Idaho		83301																													
	Merrill Glenn	RT. # 2- Box 236	Kimberly , Idaho		83341																													
5. Nature of Business NON PROFIT ALUMNI ASSN.		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>July 7, 1988</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>A. K. DODDS</td> <td>Title</td> <td>Secretary & Treas.</td> </tr> </table>			Signature		Date	July 7, 1988	Name (Typed or Printed)	A. K. DODDS	Title	Secretary & Treas.																						
Signature		Date	July 7, 1988																															
Name (Typed or Printed)	A. K. DODDS	Title	Secretary & Treas.																															