

|  |                 |  |            |  |         |             |
|--|-----------------|--|------------|--|---------|-------------|
| No. <b>C 179232</b>  |                 | <b>Due no later than Jul 31, 2014</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>WOOD RIVER COMMUNITY ORCHESTRA, INC.<br>CINDY L SMITH<br>PO BOX 294<br>KETCHUM ID 83340<br>USA |            | ANDREW C LEWIS<br>211 S 4TH ST<br>HAILEY ID 83333  |         |             |
|  |                 |  |            | 3. <u>New</u> Registered Agent Signature:*         |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |  |            |  |         |             |
| Office Held  | Name            | Street or PO Address   | City       | State  | Country | Postal Code |
| DIRECTOR   | LYNN FLICKINGER | P.O. BOX 374   | SUN VALLEY | ID   | USA     | 83353       |
| DIRECTOR   | AL HACKEL       | 1030 WAR EAGLE DR.   | HAILEY     | ID   | USA     | 83333       |
| DIRECTOR   | JANICE MOULTON  | 711 EAST CROY  | HAILEY     | ID   | USA     | 83333       |
| DIRECTOR   | LYNN WHITTELSEY | P.O. BOX 3137  | SUN VALLEY | ID   | USA     | 83353       |
| PRESIDENT  | LYNNE HEIDEL    | P.O. BOX 6267  | KETCHUM    | ID   | USA     | 83340       |
| DIRECTOR   | PAULA RUBEL     | P.O. BOX 3308  | HAILEY     | ID   | USA     | 83333       |
| TREASURER  | CINDY L SMITH   | P.O. BOX 595   | SUN VALLEY | ID   | USA     | 83353       |
| SECRETARY  | SUE MENDELSON   | 319 SKIWAY DR  | KETCHUM    | ID   | USA     | 83340       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 179232</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Cindy L Smith<br>Name (type or print): Cindy L Smith<br><br>Date: 07/14/2014<br>Title: Treasurer   |            |  |         |             |
| Processed 07/14/2014   |                 | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |