No. <b>C 31503</b>		Due no later than Jan 31, 2018		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.  LEMHI COUNTY HISTORICAL SOCIETY, INC.  HOPE BENEDICT  210 MAIN		HOPE BENEDICT 210 MAIN ST SALMON ID 83467			
NO FILING FEE IF RECEIVED BY DUE DATE		SALMON ID 83467		3. New Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	LINDA HEFFI	NER	319 DIAMOND CREEK LANE	SALMON	ID	USA	3467
DIRECTOR	CARLA MUNNING		23 N BAKER RD	SALMON	ID	USA	83467
DIRECTOR	BOB PERRY		411 CAPITAL AVE	SALMON	ID	USA	83467
DIRECTOR	DALE FORD		P.O. BOX 181	SALMON	ID	USA	83467
TREASURER	CAMILLE ERNEST		59 FULTON RD	SALMON	ID	USA	83467
VICE PRESIDENT	JOHN LOGAN		307 RIVER ST	SALMON	ID	USA	83467
PRESIDENT	HOPE BENEDICT		94 S ST CHARLES ST, PO BOX 909	SALMON	ID	USA	83467
SECRETARY	STEPHANIE TAYLOR		511 COURTHOUSE DR	SALMON	ID	USA	83467
DIRECTOR	MERRY LOGAN		171 CORBETT LANE	SALMON	ID	USA	83467
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 31503		Signature: CAI	Date: 01/25/2018				
		Name (type or print): CAMILLE ERNEST Title: TREASURER					
Processed 01/25/2018		* Electronically pr	ovided signatures are accepted as original sign	natures.			