No. C 36842		Due no later than Oct 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. NINE MILE CEMETERY ASSOCIATION, INC. DENNIS O'BRIEN BOX 469 WALLACE ID 83873		2. Registered A	2. Registered Agent and Address (NO PO BOX) DENNIS OBRIEN 413 CEDAR STREET WALLACE ID 83873 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				WALLACE II				
				3. <u>New</u> Registe				
4. Corporations: Enter	r Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROBERT DU	NSMORE	305 W. THIRD	OSBURN	ID	USA	83839	
DIRECTOR	A N HULSIZ	ER	4 KING STREET	WALLACE	ID	USA	83873	
DIRECTOR	HERB ZANETTI		BOX 928	OSBURN	ID	USA	83849	
SECRETARY	DENNIS O'BRIEN		BOX 146	WALLACE	ID	USA	83873	
DIRECTOR	MAURICE PELLISSIER		311 PINE STREET	WALLACE	ID	USA	83873	
DIRECTOR	JOSEPH J WALLACE		PO BOX 636	OSBURN	ID	USA	83849	
DIRECTOR	JON CANTAMESSA		97 CREEKSIDE ROAD	WALLACE	ID	USA	83873	
DIRECTOR R W CARON		416 1/2 SIXTH STREET	WALLACE	ID	USA	83873		
DIRECTOR	JANET HOW	ARD	130 ZANETTIVILLE LOOP	WALLACE	ID	USA	83873	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dennis O'Brien			Date: 08/23/2013			
C 36842		Name (type o		Title: Secretary				
Processed 08/23/2013	3	* Electronically p	rovided signatures are accepted as original	al signatures.				