No. **C 37990**	**Due no later than Dec 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LACLEDE COMMUNITY CENTER, INC. KATHERINE GRIMM PO BOX 103 LACLEDE ID 83841-0103	KATHERINE GRIMM 24 MOORE LOOP RD LACLEDE ID 83841 3. New 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
VICE PRESIDENT	JODY BELL	P.O. BOX 344	LACLEDE	ID	USA	83841-0344
TREASURER	KATHERINE GRIMM	P.O.BOX 67	LACLEDE	ID	USA	83841-0067
SECRETARY	KATHERINE GRIMM	P.O.BOX 67	LACLEDE	ID	USA	83841-0067
DIRECTOR	JOHN WULFF	P.O. BOX 247	LACLEDE	ID	USA	83841-0247
DIRECTOR	LESLIE SMITH	P.O.BOX 294	LACALEDE	ID	USA	83841-0294
DIRECTOR	FAYE MOORE	P.O.BOX 115	LACLEDE	ID	USA	83841-0115
DIRECTOR	DENNIS RAINE	P.O.BOX 92	LACLEDE	ID	USA	83841-0092
PRESIDENT	CHRIS CARSON	2251 HELEN THOMPSON RD	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 37990**	Signature: Katherine Grimm	Date: 02/01/2016
	Name (type or print): Katherine Grimm	Title: Secretary

Processed 02/01/2016

* Electronically provided signatures are accepted as original signatures.