

|  |              |  |          |  |         |                   |  |
|--|--------------|--|----------|--|---------|-------------------|--|
| No. <b>C 25792</b>   |              | <b>Due no later than Dec 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br>LEWISTON GOLF AND COUNTRY CLUB, INC.<br>ROBERT L SANDERS<br>3985 COUNTRY CLUB DR<br>LEWISTON ID 83501 |          | ROBERT SANDERS<br>3985 COUNTRY CLUB DRIVE<br>LEWISTON ID 83501 |         |                   |  |
|  |              |  |          | 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       |  |
| PRESIDENT  | MIKE WELLING | 3985 COUNTRY CLUB DR   | LEWISTON | ID   | USA     | 83501             |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |          |  |         |                   |  |
| <b>ID<br/>C 25792</b>  |              | Signature: PATTI L NUXOLL  |          |  |         | Date: 11/15/2016  |  |
|  |              | Name (type or print): PATTI L NUXOLL   |          |  |         | Title: BOOKKEEPER |  |
| Processed 11/15/2016   |              | * Electronically provided signatures are accepted as original signatures.  |          |  |         |                   |  |