

No. C 67562		Due no later than Aug 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. THREE ISLAND SENIOR CITIZEN CENTER, INC. DIANNE H MOFFET 492 E CLEVELAND P.O. BOX 263 GLENNS FERRY ID 83623-0263 USA		LINDA D MOFFETT 521 S BOISE ST GLENNS FERRY ID 83623		
				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	CINDI WILDE	544 E WILDE LANE	GLENNS FERRY	ID	USA	83623
DIRECTOR	DONNA FAIN	138 N COMMERCIAL	GLENNS FERRY	ID	USA	83623
DIRECTOR	WILLIAM O REED	444 E ARTHUR P.O. BOX 37	GLENNS FERRY	ID	USA	83623
DIRECTOR	DALE E SMITH	8204 E JOHN PARKE RD	KING HILL	ID	USA	83633
PRESIDENT	CAROL WILLIAMS	1217 E CLEVELAND AVE	GLENNS FERRY	ID	USA	83623
DIRECTOR	RALPH WINTERBOTTOM	263 W ARTHUR	GLENNS FERRY	ID	USA	83623
5. Organized Under the Laws of: ID C 67562		6. Annual Report must be signed.* Signature: DIANNE H MOFFET Name (type or print): DIANNE H MOFFET		Date: 09/01/2015 Title: TREASURER		
Processed 09/01/2015		* Electronically provided signatures are accepted as original signatures.				