No. C 181471		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	BRIAN S. JOSEPH F 464 BRAS	Annual Report Form 1. Mailing Address: Correct in this box if needed. BRIAN S. REAMS MEMORIAL FUND, INC. JOSEPH REAMS 464 BRASSIE CIRCLE POCATELLO ID 83204		JOSEPH REAMS 464 BRASSIE CIRCLE POCATELLO ID 83204 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names an	d Business Addresse	s of President, Secretary, and Directors. Treasi	urer (optional).				
Office Held Name	9	Street or PO Address	City	State	Country	Postal Code	
	REAMS DLINE WIGHT	156 S 8TH 1856 S 3RD ST	POCATELLO POCATELLO	ID ID	USA USA	83201 83204	
DIRECTOR CARC	DLINE WIGHT	1000 5 SKD 51	POCATELLO	ID	USA	63204	
5. Organized Under the Laws of	6. Annual Re	6. Annual Report must be signed.*					
ID	Signature	Signature: Joseph S Reams Date: 12/04/2017					
C 181471	Name (ty	pe or print): Joseph S Reams	Т	Title: Register Agent			
Processed 12/04/2017	* Electronica	* Electronically provided signatures are accepted as original signatures.					