

|                                                                                                                                                        |             |                                                                                                                                                                |        |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 44975</b>                                                                                                                                     |             | <b>Due no later than Feb 28, 2018</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><br>CASSIA COUNTY HISTORICAL SOCIETY, INC.<br>JOLYNN M GUMMOW<br>P. O. BOX 331<br>BURLEY ID 83318 |        | JOEL ROBINS<br>1734 OVERLAND AVE<br>BURLEY ID 83318 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                                |        | 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 |  |
| TREASURER                                                                                                                                              | JOEL ROBINS | 146 W 500 S                                                                                                                                                    | BURLEY | ID                                                  | USA     | 83318       |  |
| PRESIDENT                                                                                                                                              | ROD SMITH   | 527 ELBA AVE.                                                                                                                                                  | BURLEY | ID                                                  | USA     | 83318       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 44975</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Lindsay Mitton<br>Name (type or print): Lindsay Mitton                                                         |        |                                                     |         |             |  |
| Date: 01/16/2018<br>Title: Bookkeeper                                                                                                                  |             |                                                                                                                                                                |        |                                                     |         |             |  |
| Processed 01/16/2018                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                      |        |                                                     |         |             |  |