

No. <u>C 29671</u>	<b>Annual Report Form</b> Due No Later Than November 30, <u>1996</u>		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <u>ROBERT L. GHOLSON</u> <del>RICHARD L. CADE</del> <del>10330 COUNTRY SQUIRE LANE</del> <u>5217 CHAPS PL.</u> <u>83709</u> BOISE ID <u>83709</u>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  IDAHO PEACE OFFICER'S ASSOCI ROBERT L. GHOLSON 5217 CHAPS PL  BOISE ID 83709		3. Organized Under the Laws of:  ID C 29671													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>EXEC. DIR.</td> <td>ROBERT L. GHOLSON</td> <td>P.O. BOX 109152</td> <td>BOISE</td> <td>ID</td> <td>83719</td> </tr> </tbody> </table>  Block 5: Collect dues, pay insurance premiums for members, publish magazine for members, conduct training, conduct annual training seminar for members.					Office held	Name	Street or P.O. Address	City	State	Zip	EXEC. DIR.	ROBERT L. GHOLSON	P.O. BOX 109152	BOISE	ID	83719
Office held	Name	Street or P.O. Address	City	State	Zip											
EXEC. DIR.	ROBERT L. GHOLSON	P.O. BOX 109152	BOISE	ID	83719											
5. NATURE OF BUSINESS  ANY LAWFUL	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Robert L. Gholson</i></u> Date <u>7-23-96</u> Name (Typed or Printed) <u>ROBERT L. GHOLSON</u> Title <u>EXEC. DIRECTOR</u>															

ISSUED: 07-06-1996

22762