

No. C 67930	Due no later than Sep 30, 2016 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. SHOSHONE COUNTY WOMEN'S RESOURCE CENTER, INC. KELLIE LAVIGNE 415 7TH SUITE #1 WALLACE ID 83873	KELLIE LAVIGNE 415 7TH SUITE #1 WALLACE ID 83873 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
SECRETARY	DEBORAH MELLON	415 7TH STREET SUITE 1	WALLACE	ID	USA	83873
PRESIDENT	MICHELLE HORNING	415 7TH STREET SUITE 1	WALLACE	ID	USA	83873
VICE PRESIDENT	LINDA SEPA-NEWELL	415 7TH STREET SUITE 1	WALLACE	ID	USA	83873
TREASURER	MARSHA LILIENKAMP	415 7TH STREET SUITE 1	WALLACE	ID	USA	83873
DIRECTOR	KELLIE LAVIGNE	415 7TH STREET SUITE 1	WALLACE	ID	USA	83873
5. Organized Under the Laws of: ID C 67930	6. Annual Report must be signed.* Signature: Kellie Lavigne Name (type or print): Kellie Lavigne		Date: 08/10/2016 Title: Executive Director			
Processed 08/10/2016		* Electronically provided signatures are accepted as original signatures.				