No. C 27204	Due no later than Jun 30, 2011 Annual Report Form	2. Registered Agent and Office **(NOT A P.O. BOX)** DR S H KOVARSKY 635 N OREGON TRAIL AMERICAN FALLS ID 83211
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** AMERICAN FALLS LODGE NO.58, ANCIENT FREE AND ACCEPTED MASONS OF IDAHO DR S H KOVARSKY 635 N OREGON TR AMERICAN FALLS ID 83211	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Master	JOHN HAYES 39 CEDAR HILLS					
Secretary	SHELDON H. KOVARSKY 635 N. OREGON TRAIL AMERICAN FALLS, ID 83211					

5. Organized Under the Laws of:	6. Signature: S H Kovarsky	Date: 6-25-11
IDAHO C 27204	Name (type or print): S. H. Kovarsky	Title: Secretary

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered