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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|------------------|-------------|--|
| No. <b>C 31391</b>                                                                                                                                     |                 | <b>Due no later than Dec 31, 2016</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>Annual Report Form</b>                                                                                                                                                          |           | STEVE LEONARD<br>2364 VALLEY RD<br>MIDVALE ID 83645 |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>CUDDY MOUNTAIN VETERANS OF FOREIGN WARS, POST<br>#6232, INC.<br>JACK L TOOTHMAN<br>P.O. BOX 231<br>CAMBRIDGE ID 83610 |           | 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                                                                                                                                              | JACK L TOOTHMAN | P.O. BOX 231                                                                                                                                                                       | CAMBRIDGE | ID                                                  | USA              | 83610       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                                  |           |                                                     |                  |             |  |
| <b>ID<br/>C 31391</b>                                                                                                                                  |                 | Signature: Jack L Toothman                                                                                                                                                         |           |                                                     | Date: 11/17/2016 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Jack L Toothman                                                                                                                                              |           |                                                     | Title: Treasurer |             |  |
| Processed 11/17/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                          |           |                                                     |                  |             |  |