No. <b>C 141957</b>		Due no later than Dec 31, 2011 2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form	ELEANOR L D	ELEANOR L DILL			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		206 JOSEPH WINCHESTER ID 83555  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PATRICIA J PO BOX 189	WOODLAWN CEMETERY TRUSTEES CORP PATRICIA J DILL PO BOX 189 WINCHESTER ID 83555-0189					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and E	usiness Addresses	of President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SUSAN	No. of the contract of the con	24648 GOLDEN LANE	LEWISTON	ID	USA	83501	
	D DILL	1796 WOODSIDE ROAD	WINCHESTER	ID	USA	83555	
SECRETARY PATRICI	A J DILL	PO BOX 189	WINCHESTER	ID	USA	83555-0189	
5. Organized Under the Laws of: 6. Annual Re		al Report must be signed.*					
<b>ID</b> Signature: Pat		Patricia Dill	Date: 01/28/2012				
<b>C 141957</b> Name (type		or print): Patricia Dill	Title: Secretary				
Processed 01/28/2012	* Electronically	* Electronically provided signatures are accepted as original signatures.					