

No. <u>C 29234</u>	Annual Report Form Due No Later Than November 30, 1995	2. Registered Agent and Office NOT A P.O. BOX G. MICHAEL LEE CORNER OF 8TH & MAIN CHALLIS ID 83226																																																																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, if Not Correct CENTRAL IDAHO RGD & GUN CLUB G. MICHAEL LEE MIKERUKAVINA P. O. BOX 1910 177 CHALLIS ID 83226	3. Organized Under the Laws of: ID C 29234																																																																		
* FIRST NOTICE *																																																																				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																																																																				
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MIKE RUKAVINA</td> <td>Box 401</td> <td>Challis</td> <td>ID.</td> <td>83226</td> </tr> <tr> <td>SECRETARY</td> <td>EDWINA THOMAS</td> <td>Hc63 Box 1575-5</td> <td>CHALLIS</td> <td>ID.</td> <td>83226</td> </tr> <tr> <td>DIRECTORS</td> <td>LARRY McDOWELL</td> <td>Hc67 Box 2030</td> <td>Challis</td> <td>ID.</td> <td>83226</td> </tr> <tr> <td>DIRECTOR</td> <td>DON LANIER</td> <td>Hc63 Box 1850</td> <td>Challis</td> <td>ID</td> <td>83226</td> </tr> <tr> <td>DIRECTOR</td> <td>JACK EVIE</td> <td>Box 521</td> <td>CHALLIS</td> <td>ID.</td> <td>83226</td> </tr> <tr> <td>DIRECTOR</td> <td>Jim martinez</td> <td>Hc62 Box 2250</td> <td>MAY</td> <td>ID.</td> <td>83253</td> </tr> <tr> <td>DIRECTOR</td> <td>ALLAN HARDMAN</td> <td>Box 190</td> <td>Challis</td> <td>ID.</td> <td>83226</td> </tr> <tr> <td>DIRECTOR</td> <td>STEVE COBBLE</td> <td>Box 53</td> <td>Challis</td> <td>ID.</td> <td>83226</td> </tr> <tr> <td>DIRECTOR</td> <td>Lee Thomas</td> <td>Hc63 Box 1575-5</td> <td>Challis</td> <td>ID.</td> <td>83226</td> </tr> <tr> <td>DIRECTOR</td> <td>JOE SULLIVAN</td> <td>Box 119</td> <td>Challis</td> <td>ID.</td> <td>83226</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MIKE RUKAVINA	Box 401	Challis	ID.	83226	SECRETARY	EDWINA THOMAS	Hc63 Box 1575-5	CHALLIS	ID.	83226	DIRECTORS	LARRY McDOWELL	Hc67 Box 2030	Challis	ID.	83226	DIRECTOR	DON LANIER	Hc63 Box 1850	Challis	ID	83226	DIRECTOR	JACK EVIE	Box 521	CHALLIS	ID.	83226	DIRECTOR	Jim martinez	Hc62 Box 2250	MAY	ID.	83253	DIRECTOR	ALLAN HARDMAN	Box 190	Challis	ID.	83226	DIRECTOR	STEVE COBBLE	Box 53	Challis	ID.	83226	DIRECTOR	Lee Thomas	Hc63 Box 1575-5	Challis	ID.	83226	DIRECTOR	JOE SULLIVAN	Box 119	Challis	ID.	83226
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5. NATURE OF BUSINESS NONPROFIT	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>Edwina Thomas</u> Date <u>10-10-96</u> Name (Typed or Printed) <u>EDWINA Thomas</u> Title <u>Secretary</u>																																																																			

ISSUED: 07-06-1995

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