

|  |                   |  |            |  |         |  |  |
|--|-------------------|--|------------|--|---------|--|--|
| No. <b>C 95824</b>   |                   | <b>Due no later than Jul 31, 2012</b><br><b>Annual Report Form</b>   |            | 2. Registered Agent and Address ( <b>NO PO BOX</b> )       |         |  |  |
| Return to:<br><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>1. Mailing Address: Correct in this box if needed.</b><br><br>LEAGUE OF ST. MICHAEL, INC. (THE)<br>SCOTT A JONES<br>421 S LOCHSA<br>POST FALLS ID 83854 |            | SCOTT JONES<br>5897 E LACEWOOD LANE<br>POST FALLS ID 83854 |         |  |  |
|  |                   |  |            |  |         | 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                                |  |
| DIRECTOR   | CHARLOTTE A JONES | 4518 ALPINE DRIVE  | POST FALLS | ID   | USA     | 83854                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 95824</b>   |                   | 6. Annual Report must be signed.*<br><br>Signature: Charlotte A. Jones<br>Name (type or print): Charlotte A. Jones   |            |  |         |  |  |
|  |                   | Date: 05/15/2012<br>Title: Director/Secretary  |            |  |         |  |  |
| Processed 05/15/2012      * Electronically provided signatures are accepted as original signatures.  |                   |  |            |  |         |  |  |