

No. C 203616		Due no later than Sep 30, 2017		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COLUMBIA CANTON P.M. #3, I.O.O.F., INC. PATRICIA MARVIN 5469 NE HARVEST CIRCLE MOUNTAIN HOME ID 83647		MARGE HARLAN 1480 VISION STREET MOUNTAIN HOME ID 83647		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	PATRICIA MARVIN	5469 NE HARVEST CIRCLE	MOUNTAIN HOME	ID		83647	
5. Organized Under the Laws of: ID C 203616		6. Annual Report must be signed.* Signature: Marge Harlan Name (type or print): Marge Harlan Date: 10/27/2017 Title: Agent					
Processed 10/27/2017		* Electronically provided signatures are accepted as original signatures.					