No. C 205624		Due no later than Apr 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO HOMETOWN HERO MEDAL, INC AMBER VAUGHN 444 HOSPITAL WAY STE 607 POCATELLO ID 83201		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) AMBER VAUGHN 444 HOSPITAL WAY STE 607 POCATELLO ID 83201 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				444 HOSPITA POCATELLO				
200			s of President, Secretary, and Directors. Treasu	urer (optional).				
Office Held DIRECTOR	Name AMNA MAN	NAN	Street or PO Address 444 HOSPITAL WAY STE 607	City POCATELLO	State ID	Country	Postal Code 83201	
5. Organized Under the Laws of: ID C 205624		6. Annual Report must be signed.* Signature: JEFFREY D CLARK Name (type or print): JEFFREY D CLARK Title: CPA						
Processed 02/21/2017		* Electronically provided signatures are accepted as original signatures.						