No. C 29428		Due no later than Aug 31, 2012		2. R	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. UNITED CRUSADE OF SHOSHONE COUNTY, INC. DENNIS O'BRIEN P. O. BOX 469 WALLACE ID 83873		1 4 V	D. O'BRIEN 413 CEDAR ST WALLACE ID 83873 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name		Street or PO Address	Cit	.y	State	Country	Postal Code	
DIRECTOR	WILLIAM SC	UDDER	PO BOX 508	KIN	NGSTON	ID	USA	83839	
DIRECTOR	ARLO PETER	SON	PO BOX 469	WA	ALLACE	ID	USA	83873	
DIRECTOR	DENNIS O'B	RIEN	PO BOX 146	WA	ALLACE	ID	USA	83873	
DIRECTOR	LARRY CURF	RY	49 ADAMS ROAD	KIN	NGSTON	ID	USA	83839	
DIRECTOR	JULIE ZOOK		730 E FIR	OS	BURN	ID	USA	83849	
SECRETARY	JULIE ZOOK		730 E FIR	OS	BURN	ID	USA	83849	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 29428		Signature: Dennis O'Brien			Date: 06/22/2012				
		Name (type or print): Dennis O'Brien			Title: Director				
Processed 06/22/2012 * Electronically provided signatures are accepted as original signatures.									