No. C 112154		Due no later than Sep 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. CAMILLE BECKMAN FOUNDATION, INC. FOAD ROGHANI 175 S ROSEBUD LANE EAGLE ID 83616		2. Registered A	2. Registered Agent and Address (NO PO BOX) FOAD ROGHANI 175 S ROSEBUD LN EAGLE ID 83616 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				175 S ROSEI EAGLE ID 8				
4. Corporations: Enter N	lames and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ALBERT P BARKER		1010 W. JEFFERSON	BOISE	ID	USA	83702	
DIRECTOR	MICHAEL R LINDSTROM		877 MAIN ST STE 805	BOISE	ID	USA	83702	
DIRECTOR	IRECTOR FOAD ROGHANI		2273 RIBIER DR	MERIDIAN	ID	USA	83646	
DIRECTOR	ECTOR SUSAN CAMILLE ROGHANI		2273 RIBIER DR	MERIDIAN	ID	USA	83646	
TREASURER	REASURER PAUL A BECKMAN		3585 W. STATE ST.	EAGLE	ID	USA	83616	
DIRECTOR	Roshan J i	ROGHANI	101 N. 10TH ST., STE200	BOSIE	ID	USA	83702	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID		Signature: Foad Roghani			Date: 07/25/2016			
C 112154		Name (type or print): Foad Roghani			Title: Director			
Processed 07/25/2016		Electronically provided signatures are accepted as original signatures.						