

|  |                 |   |       |   |         |                  |  |
|--|-----------------|---|-------|---|---------|------------------|--|
| No. <b>C 69626</b>   |                 | <b>Due no later than Apr 30, 2012</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<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>PAYETTE COUNTY CHAPTER NO. 23, DISABLED AMERICAN<br>VETERANS DEPARTMENT OF<br>ROBERT KENT BORGER<br>9925 ASH LN<br>PAYETTE ID 83661<br>USA |       | ROBERT KENT BORGER<br>9925 ASH LANE<br>PAYETTE ID 83661 |         |                  |  |
|  |                 |   |       | 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      |  |
| PRESIDENT  | JOHN S VAN ZELF | 3380 HIGHWAY 95   | PRAMA | ID  | USA     | 83661            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>C 69626</b>  |                 | Signature: Robert Kent Borger   |       |   |         | Date: 03/07/2012 |  |
|  |                 | Name (type or print): Robert Kent Borger  |       |   |         | Title: Tdeasure  |  |
| Processed 03/07/2012   |                 | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                  |  |