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|--|-----------------------|--|---|
| No. C 95273 | 1 | Due no later than May 31, 2014 Annual Report Form | 2. Registered Agent and Office (NOT A P.O. BOX) HOWARD E WESTOVER 421 N 1ST E ABERDEEN ID 83210 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | ABER INCO PO Bo | ling Address: Correct in this box if needed. DEEN POST NO 59, THE AMERICAN LEGION, RPORATED OX 255 DEEN ID 83210 | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. <u>New</u> Registered Agent Signature. |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code Lommander William Mealler P.O. Box P.O. Box 162, Herdery 1d. Directors, Treasurer, Vice Pres. France Howard Westocex, P.O. Box 162, Herdery 1d. Directors, Treasurer, Vice Pres. France Howard Westocex, P.O. Box Postal Code Tommender Street or PO Address Aberdery 1d. Directors, Treasurer, Vice Pres. Aberdery 1d. | | | |
| 6. Organized Under the La | | 6. | |
| 5. Organized Under the Laws of: IDAHO | | Signature | Date: 4-3~14 |
| C 95273 | (| Name (type or print): | Title: |
| | | Howard E. WESTONER | Magnes. |
| Issued 03/21/2014 by JL1 | | | 102341 |
| INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM | | | |
| Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1. | | | |
| Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box. | | | |
| Block 3: Only a <u>new</u> registered agent must sign in Block 3. | | | |
| Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>DO NOT</u> put "same as last year" or same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed elease add an attachment. | | | |
| Block 5: May not be altered through the use of this form. | | | |
| Slock 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer | | | |

** The image of this form will be available on the internet once It has been filed. DO NOT enter Social Security numbers.

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections?

POSTMARK DATES WILL NOT BE ACCEPTED