| No. C 97008 | Due no later than Dec 31, 2015 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE | Annual Report Form 1. Mailing Address: Correct in this box if needed. | GABE MASTERSON 130 COTTONWOOD DR ST MARIES ID 83861 3. New Registered Agent Signature:* | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | ST. MARIES LODGE NO. 1418, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC. | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | KRISTI WEAR 628 MAIN AVENUE ST MARIES ID 83861 | | | | |
| 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 |
| TREASURER YVETTE BE | NHAM 105 MAIN AVENUE | ST. MARIES | ID | USA | 83861 |
| SECRETARY KRISTI WE | AR 115 SUNNY ROAD | ST.MARIES | ID | USA | 83861 |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Kristi Wear | Date: 10/13/2015 | | | |
| C 97008 | Name (type or print): Kristi Wear | Title: Secretary | | | |
| Processed 10/13/2015 | * Electronically provided signatures are accepted as original signatures. | | | | |