

No. C 67167	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LYNN L PAYNE 12726 N LARAMIE LN POCATELLO ID 83202
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CHAPTER #3, DISABLED AMERICAN VETERANS DEPARTMENT OF IDAHO, INCORPORATED LYNN L PAYNE 12726 N LARAMIE LN POCATELLO ID 83202		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
<i>President</i>	<i>Grace Jacobson</i>	<i>9485 W Katie Mt Dr</i>	<i>POCATELLO ID 83209</i>
<i>Vice Pres</i>	<i>Lynne Heddon</i>	<i>2130 Sandy Ln,</i>	<i>POCATELLO, ID 83204</i>
<i>Secretary</i>	<i>Lynn Payne</i>	<i>12726 N Laramie Ln,</i>	<i>POCATELLO ID 83202</i>
<i>Treasurer</i>	<i>"</i>	<i>"</i>	<i>"</i>
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 67167 </div>		6. Signature: <i>Grace Jacobson</i> Date: <i>6-4-2015</i> <hr/> Name (type or print): <i>GRACE L JACOBSON</i> <hr/> Title: <i>Commander</i>	
Issued 06/01/2015 by TLB		108884	