

No. C 52561	Due no later than Dec 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		SHARON STURM 214 E CENTER POCATELLO ID 83201			
	OASIS PLANNING COUNCIL, INC. SISTER ANTHONY MARIE GREVING 214 E CENTER POCATELLO ID 83201 USA		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
DIRECTOR	SUSIE STRICKER	353 NORTH 4TH AVENUE	POCATELLO	ID	USA	83201
DIRECTOR	SHARON D STURM	501 NORTH MAPLE STREET	BLACKFOOT	ID	USA	83221
DIRECTOR	MELISSA HARTMAN	130 N.6TH AVENUE, SUITE A	POCATELLO	ID	USA	83201
DIRECTOR	LOIS CLUFF	455 HAYES STREET	AMERICAN FALLS	ID	USA	83211
DIRECTOR	DALE MCFARLAND	BOX 322	LAVA HOT SPRINGS	ID	USA	83246
TREASURER	DEBBY DAY	640 PERSHING AVENUE, #A	POCATELLO	ID	USA	83201
SECRETARY	CHERIE NELSON	1901 ALVIN RICKEN DRIVE	POCATELLO	ID	USA	83201
PRESIDENT	BOBBIE BRANCH	801 BITTERROOT DRIVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 52561	6. Annual Report must be signed.*					
		Signature: Bobbie Branch	Date: 01/10/2012			
		Name (type or print): Bobbie Branch	Title: President			
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.				

No. C 52561	Due no later than Dec 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		SHARON STURM 214 E CENTER POCATELLO ID 83201			
	OASIS PLANNING COUNCIL, INC. SISTER ANTHONY MARIE GREVING 214 E CENTER POCATELLO ID 83201 USA		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
DIRECTOR	SUSIE STRICKER	353 NORTH 4TH AVENUE	POCATELLO	ID	USA	83201
DIRECTOR	SHARON D STURM	501 NORTH MAPLE STREET	BLACKFOOT	ID	USA	83221
DIRECTOR	MELISSA HARTMAN	130 N.6TH AVENUE, SUITE A	POCATELLO	ID	USA	83201
DIRECTOR	LOIS CLUFF	455 HAYES STREET	AMERICAN FALLS	ID	USA	83211
DIRECTOR	DALE MCFARLAND	BOX 322	LAVA HOT SPRINGS	ID	USA	83246
TREASURER	DEBBY DAY	640 PERSHING AVENUE, #A	POCATELLO	ID	USA	83201
SECRETARY	CHERIE NELSON	1901 ALVIN RICKEN DRIVE	POCATELLO	ID	USA	83201
PRESIDENT	BOBBIE BRANCH	801 BITTERROOT DRIVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 52561		6. Annual Report must be signed.* Signature: Bobbie Branch Name (type or print): Bobbie Branch Date: 01/10/2012 Title: President				
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.				