No. C 121198	Due no later than Oct 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. BONNERS FERRY CHAPTER #28, DISABLED AMERICAN VETERANS, DEPARTMENT OF IDAHO, RAYMOND HINTHORN 396 COPELAND RD BONNERS FERRY ID 83805-5117	2. Registered Agent and Office (NOT A P.O. BOX) ELDEN KOON 7449 SUNDANCE ST BONNERS FERRY ID 83805
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
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 COMMANDER RAYMOND O. 396 COPELAND RD. HINT MORN ADJOLANT LLOGD GREEN 114 OMA CREEKRO. 5ANDPOIN (AD. 83864) INTICE CONDR. Elden KOON P.D.DOK 896 BONHERS FARELTD. 83805		
5. Organized Under the Lav	signature Cogword Dunte	Date: 9-6-14
C 121198	Signature Rogword Dunte Name (type of print): RAY MOHD O. Hinthou	M CMDR
Issued 09/02/2014 by DK1		107210
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM		