| No. C 44975 | Due no later than Feb 28, 2009 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) JOEL ROBINS 146 W 500 S BURLEY ID 83318 | | | |
|---|---|--------------------------------------|--|---------|-------------|--|
| Return to: | Annual Report Form | | | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 10 CONTROL 2011 CONTROL 2011 CONTROL | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | CASSIA COUNTY HISTORICAL SOCIETY, INC. VALERIE K BOWEN P. O. BOX 331 | BOKELI ID | 3. New Registered Agent Signature:* | | | |
| | BURLEY ID 83318 | 3. New Regist | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 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 JOEL ROB | | BURLEY | ID | USA | 83318 | |
| PRESIDENT ROD SMIT | 'H 527 ELBA AVE. | BURLEY | ID | USA | 83318 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Valerie K Bowen | Date: 03/16/2009 | | | | |
| C 44975 | Name (type or print): Valerie K Bowen | | Title: Curator | | | |
| Processed 03/16/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | |