

No. C 175451	Due no later than Oct 31, 2015 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. GREATER UCON HUMANITARIAN FOUNDATION, INC. (THE) LARY S. LARSON 428 PARK AVE IDAHO FALLS ID 83402	LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83402 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	LARY S. LARSON	P. O. BOX 51193	IDAHO FALLS	ID	USA	83405
DIRECTOR	LISA BENNETT	9963 N 27TH E	IDAHO FALLS	ID	USA	83401
DIRECTOR	JOHN BRASIER	4465 E 109TH N	UCON	ID	USA	83454
DIRECTOR	DAVID A BLAIN	3957 E 108TH N	UCON	ID	USA	83454
DIRECTOR	ANNETTE WINCHESTER	3057 E 113TH N	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 175451	6. Annual Report must be signed.* Signature: Lary S. Larson Name (type or print): Lary S. Larson		Date: 10/30/2015 Title: Agent			
Processed 10/30/2015		* Electronically provided signatures are accepted as original signatures.				