No. C 97270		Due no later than Jan 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. CENTRAL IDAHO HISTORICAL MUSEUM, INC. MARLEE WILCOMB 1001 STATE ST MCCALL ID 83638			2. Registered Agent and Address (NO PO BOX) MARLEE WILCOMB 1001 STATE ST MCCALL 83638 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF								
4. Corporations: Enter Na		ess Addresses of Preside	nt, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR DIRECTOR DIRECTOR DIRECTOR SECRETARY PRESIDENT	SYLVIA RYAN JOHN KWADER RICHARD HOLM JULIE GROVE LYLE NELSON MARLEE WILCOMB		550 DIENHARD LANE 34 ILKA LN PO BOX 294 PO BOX 923 1000 STATE ST 2362 SHARLIE		MCCALL MCCALL MCCALL MCCALL MCCALL MCCALL	ID ID ID ID ID	USA USA USA USA USA USA	83638 83638 83638 83638 83638 83638
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 97270		Signature: marlee wilcomb Name (type or print): marlee wilcomb			Date: 11/17/2014 Title: president			
Processed 11/17/2014		* Electronically provided signatures are accepted as original signatures.						