| No. C 32900 | | Due no later than Jul 31, 2018 | | 2. Registered Age | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ASSOCIATION FOR THE PRESERVATION AND COMMEMORATION OF THE OLD CATALDO MISSION, INC. DENNIS O'BRIEN BOX 469 WALLACE ID 83873 | | 413 CEDAR STE WALLACE ID | DENNIS M. O'BRIEN 413 CEDAR STREET WALLACE ID 83873 3. New Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names | and Busin | ess Addresses of Preside | nt, Secretary, and Directors. Treasur | er (optional). | | | | |
| Office Held Na | ame | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR BIL DIRECTOR DA DIRECTOR GA | OR BILL SCUDDER OR DALE B LAVIGNE OR GARY DAMIANO | | BOX 469 PO BOX 508 PO BOX 2170 304 FERNAN ROAD PO BOX 146 | COEUR D'ALENE KINGSTON OSBURN COEUR D'ALENE WALLACE | ID ID ID ID ID | USA USA USA USA USA | 83814 83839 83849 83814 83873 | |
| 5. Organized Under the Laws of: 6. Annual Rep | | 6. Annual Report must b | I Report must be signed.* | | | | | |
| ID C 32900 | | Signature: Dennis O'Brien | | | Date: 05/22/2018 | | | |
| | | Name (type or print): Dennis O'Brien | | | Title: Secretary | | | |
| Processed 05/22/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |