

| No. <b>C 50508</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Due no later than December 31, 2004</b><br><b>Annual Report Form</b>                                                                                        |                                                                                                                                             | 2. Registered Agent and Office <b>NO PO BOX</b>       |             |       |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------|-------|------------------------|------|-------|-----|----------------------|-------------------|-------------------|--------|-------|-------|----------|-----------------------|----------------------|-------|-------|-------|--------------|----------------|--------------|---------|------------|-------|-----------------------------------|--------------------|--------------|----------|-------|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Mailing Address - Correct in this box, if applicable<br><br>POST 10300 VETERANS OF FOREIGN WARS<br>STANLEY K DENISON<br>P. O. BOX 386<br>POTLATCH, ID 83855 |                                                                                                                                             | STANLEY K DENISON<br>645 ELM ST<br>POTLATCH, ID 83855 |             |       |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |                                                                                                                                             | 3. <u>New Registered Agent Signature</u>              |             |       |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.<br><table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><del>COMMANDER</del></td> <td>TIMOTHY L. WOMACK</td> <td>2000 HIGHWAY 95 N</td> <td>MOSCOW</td> <td>IDAHO</td> <td>83843</td> </tr> <tr> <td>V. CMDR.</td> <td>KENNETH A. HASTERLUND</td> <td>1030 ALSTERLUND LANE</td> <td>VIOLA</td> <td>IDAHO</td> <td>83872</td> </tr> <tr> <td>LTJ. V. CMDR</td> <td>LOREN E. COFFE</td> <td>P.O. BOX 326</td> <td>PALEUSE</td> <td>WASHINGTON</td> <td>99161</td> </tr> <tr> <td>QUARTER MASTER<br/>SERVICE OFFICER</td> <td>STANLEY K. DENISON</td> <td>P.O. BOX 382</td> <td>POTLATCH</td> <td>IDAHO</td> <td>83855</td> </tr> </tbody> </table> |                                                                                                                                                                |                                                                                                                                             |                                                       | Office held | Name  | Street or P.O. Address | City | State | Zip | <del>COMMANDER</del> | TIMOTHY L. WOMACK | 2000 HIGHWAY 95 N | MOSCOW | IDAHO | 83843 | V. CMDR. | KENNETH A. HASTERLUND | 1030 ALSTERLUND LANE | VIOLA | IDAHO | 83872 | LTJ. V. CMDR | LOREN E. COFFE | P.O. BOX 326 | PALEUSE | WASHINGTON | 99161 | QUARTER MASTER<br>SERVICE OFFICER | STANLEY K. DENISON | P.O. BOX 382 | POTLATCH | IDAHO | 83855 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                                                                                                                                                           | Street or P.O. Address                                                                                                                      | City                                                  | State       | Zip   |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
| <del>COMMANDER</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TIMOTHY L. WOMACK                                                                                                                                              | 2000 HIGHWAY 95 N                                                                                                                           | MOSCOW                                                | IDAHO       | 83843 |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
| V. CMDR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KENNETH A. HASTERLUND                                                                                                                                          | 1030 ALSTERLUND LANE                                                                                                                        | VIOLA                                                 | IDAHO       | 83872 |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
| LTJ. V. CMDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LOREN E. COFFE                                                                                                                                                 | P.O. BOX 326                                                                                                                                | PALEUSE                                               | WASHINGTON  | 99161 |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
| QUARTER MASTER<br>SERVICE OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STANLEY K. DENISON                                                                                                                                             | P.O. BOX 382                                                                                                                                | POTLATCH                                              | IDAHO       | 83855 |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 50508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                | 6. Signature <u>Stanley K. Denison</u> Date <u>10-28-04</u><br>Name (Typed or Printed) <u>STANLEY K. DENISON</u> Title <u>QUARTERMASTER</u> |                                                       |             |       |                        |      |       |     |                      |                   |                   |        |       |       |          |                       |                      |       |       |       |              |                |              |         |            |       |                                   |                    |              |          |       |       |