

| No. <b>C 27204</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Due no later than Jun 30, 2012<br><b>Annual Report Form</b>                                                                                                                                                                                                                                                                                                          |                      | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br><del>DR S H KOVARSKY</del><br><del>635 N OREGON TRAIL</del><br><del>AMERICAN FALLS ID 83211</del><br> |                |                           |                                                   |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------|---------------------------------------------------|----------------------------|-------|---------|-------------|-----------|-------------------|------------------|----------|----|--|-------|-----|---------------|-------------------|-----------|----|--|-------|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE<br/>         DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. <b>Mailing Address: Correct in this box if needed.</b><br>AMERICAN FALLS LODGE NO.58, ANCIENT FREE<br>AND ACCEPTED MASONS OF IDAHO<br><del>DR S H KOVARSKY</del> <b>Thomas H. Larkins</b><br><del>635 N OREGON TR</del> <b>562 Briarwood St.</b><br><del>AMERICAN FALLS ID 83211</del><br><b>Chubbuck, ID 83702</b>                                               |                      | 3. <b>New Registered Agent Signature.</b><br>                                                                                                               |                |                           |                                                   |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                             |                |                           |                                                   |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office Held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Secretary</td> <td>THOMAS H. LARKINS</td> <td>562 Briarwood St</td> <td>Chubbuck</td> <td>ID</td> <td></td> <td>83702</td> </tr> <tr> <td>w/m</td> <td>John R. Hayes</td> <td>39 Cedar Hills Dr</td> <td>Pocatello</td> <td>ID</td> <td></td> <td>83204</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                             | Office Held    | Name                      | Street or PO Address                              | City                       | State | Country | Postal Code | Secretary | THOMAS H. LARKINS | 562 Briarwood St | Chubbuck | ID |  | 83702 | w/m | John R. Hayes | 39 Cedar Hills Dr | Pocatello | ID |  | 83204 |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                                                                                                                                                                                                                                                                                                                                                                 | Street or PO Address | City                                                                                                                                                        | State          | Country                   | Postal Code                                       |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | THOMAS H. LARKINS                                                                                                                                                                                                                                                                                                                                                    | 562 Briarwood St     | Chubbuck                                                                                                                                                    | ID             |                           | 83702                                             |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
| w/m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | John R. Hayes                                                                                                                                                                                                                                                                                                                                                        | 39 Cedar Hills Dr    | Pocatello                                                                                                                                                   | ID             |                           | 83204                                             |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold; margin-top: 20px;">             IDAHO<br/>             C 27204           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">           Signature:<br/> </td> <td style="width: 40%;">           Date:<br/> <b>4-21-2012</b> </td> </tr> <tr> <td>           Name (type or print):<br/> <b>Thomas H. Larkins</b> </td> <td>           Title:<br/> <b>4-21-2012</b> </td> </tr> </table> |                      |                                                                                                                                                             | Signature:<br> | Date:<br><b>4-21-2012</b> | Name (type or print):<br><b>Thomas H. Larkins</b> | Title:<br><b>4-21-2012</b> |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date:<br><b>4-21-2012</b>                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                             |                |                           |                                                   |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |
| Name (type or print):<br><b>Thomas H. Larkins</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Title:<br><b>4-21-2012</b>                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                             |                |                           |                                                   |                            |       |         |             |           |                   |                  |          |    |  |       |     |               |                   |           |    |  |       |