

No. C 163601	Due no later than Nov 30, 2016 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. KIMBERLY CITY PUBLIC LIBRARY FOUNDATION, INC. HELEN MCCORD PO BOX 369 KIMBERLY ID 83341-0369	HELEN MCCORD 120 MADISON WEST KIMBERLY ID 83341-0369 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
TREASURER	CINDY SCHMIDT	3634 N 3300 E	KIMBERLY	ID	USA	83341
DIRECTOR	LEE MCKINLAY	PO BOX 588	KIMBERLY	ID	USA	83341
SECRETARY	JANET JACKMAN	3323 E 3600 N	KIMBERLY	ID	USA	83341
DIRECTOR	MARK BRADY	3319 E 3600 N	KIMBERLY	ID	USA	83341
DIRECTOR	CHRIS CHARLTON	3655 N 3300 E	KIMBERLY	ID	USA	83341
PRESIDENT	JIM SORENSEN	PO BOX 528	KIMBERLY	ID	USA	83341
DIRECTOR	CHERI SCHNEIDER	3494 N 3300 E	KIMBERLY	ID	USA	83341
5. Organized Under the Laws of: ID C 163601	6. Annual Report must be signed.* Signature: Helen McCord Name (type or print): Helen McCord		Date: 09/26/2016 Title: Registered Agent			
Processed 09/26/2016		* Electronically provided signatures are accepted as original signatures.				