

No. C 49055		Due no later than Mar 31, 2014 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		1. Mailing Address: Correct in this box if needed. LOST RIVERS SENIOR CITIZENS, INC. LEAH NATION 555 S WATER ST ARCO ID 83213-0065 USA		LEAH NATION 243 WEST SALMON AVE. ARCO ID 83213			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JOYCE COLLINS	520 S WATER	ARCO	ID	USA	83213	
PRESIDENT	ANN KARR	2393 N. 2930 W. P.O. BOX 682	ARCO	ID	USA	83213	
DIRECTOR	DIANE MALLO	555.S WATER #24	ARCO	ID	USA	83213	
DIRECTOR	GLORIA LOFTUS	R 1 BOX 11A	MOORE	ID	USA	83255	
DIRECTOR	SANDRA C. HAYS	P.O. BOX 609	MOORE	ID	USA	83255	
DIRECTOR	PEGGY SOLLINGER	P.O. BOX 651	MOORE	ID	USA	82155	
DIRECTOR	MARCIA BURT	3193 N. HWY 93	MOORE	ID	USA	83255	
DIRECTOR	MARNY APEL	315 HIGHLAND DRIVE	ARCO	ID	USA	83213	
5. Organized Under the Laws of: ID C 49055		6. Annual Report must be signed.* Signature: Leah Nation Name (type or print): Leah Nation					
		Date: 01/31/2014 Title: Agent					
Processed 01/31/2014		* Electronically provided signatures are accepted as original signatures.					