

No. C 197078	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX)																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. AMERICAN LEGION AUXILIARY UNIT 101, INC. TINA MARIE BROWN 715 S 3RD W <u>315 W 8th S</u> MTN HOME ID 83647		TINA MARIE BROWN 3181 NW PLEASANT ACRES #6 MTN HOME ID 83647 <u>371 P St.</u>																												
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tina Marie Brown</td> <td>371 P Street</td> <td>Mtn Home</td> <td>ID</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>Treasurer</td> <td>Vicki L. Eckstead</td> <td>315 W 8 S</td> <td>Mtn Home</td> <td>ID</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>Secretary</td> <td>Tammy M. Booth</td> <td>5731 SE Groffs Rd</td> <td>Id</td> <td>USA</td> <td></td> <td>83647</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Tina Marie Brown	371 P Street	Mtn Home	ID	USA	83647	Treasurer	Vicki L. Eckstead	315 W 8 S	Mtn Home	ID	USA	83647	Secretary	Tammy M. Booth	5731 SE Groffs Rd	Id	USA		83647
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5. Organized Under the Laws of: IDAHO C 197078	6. <table border="0"> <tr> <td>Signature: <u>Vicki L. Eckstead</u></td> <td>Date: <u>May 28, 2016</u></td> </tr> <tr> <td>Name (type or print): <u>Vicki L. Eckstead</u></td> <td>Title: <u>Finance officer</u></td> </tr> </table>			Signature: <u>Vicki L. Eckstead</u>	Date: <u>May 28, 2016</u>	Name (type or print): <u>Vicki L. Eckstead</u>	Title: <u>Finance officer</u>																								
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM