450 N 4th STREET		Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009 Mailing Address: Correct in this box if needed. ALMON SENIOR CITIZENS NUTRITION SITE			2. Registered Agent and Office (NOT A P.O. BOX) SHE DICKENS Ar la Boots 721 LEMHI AVE 200 Nain ST SALMON ID 83467
BOISE, ID 83720-	ഹരവ ।	ASSOCIATION, INC. 200 MAIN STREET			
		SALMON ID 83467			
REINSTATEMENT FEE					3. New Registered Agent Signature.
DUE: \$30.00					(Isla Dorts
DGE. \$50.00					Couch 10:1
Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.					
Office Held Name Street or PO Address City, State Country Postal Code					
Chair	Chair Elaine		1023 Lemhi Rd, Salmon Sollium ID USA 83467		
Vice Chair	George	Miley	710 McPherson, Salmon	Sall	mon TO
Secretary	Arla	Boots	25 Boots Road, Salmon	Sal	\ \ \ \
Board Member	Arlene	Fadness	HC10 Box 28 Carmen		83442
Board Member	Al	McDonough	46 Sheep Cr. Loop, N Fork		83466
Board Member	Rinaldo	Jenson	1712 Lemhi Road, Salmon		83467
Board Member	Leroy		710 McPherson, Salmon		(1)
Board Member	James	Monroe	708 Willow Ave, Salmon		
Board Member	Marianne	Terwilliger	1304 Tendoy Ave, Salmon		- (/
Board Member	Jack	Kidd	905 Bryan Ave, Salmon		
5. Organized Under the Laws of:		6.			
IDAHO C 76711		Signature: Name (type o	Boats	<u>-</u>	Date:
		Arla	Boots_		Sec. Dite manager
Issued 05/14/2014 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM