

No. C 203616		Due no later than Sep 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. COLUMBIA CANTON P.M. #3, I.O.O.F., INC. MARGE HARLAN 1480 VISION STREET MOUNTAIN HOME ID 83647		MARGE HARLAN 1480 VISION STREET MOUNTAIN HOME ID 83647			
				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	
DIRECTOR	PATRICIA MARVIN	5469 NE HARVEST CIRCLE	MOUNTAIN HOME	ID		83647	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 203616		Signature: Marge Harlan				Date: 10/21/2016	
		Name (type or print): Marge Harlan				Title: Agent	
Processed 10/21/2016		* Electronically provided signatures are accepted as original signatures.					