

| | | | | | | | |
|--|------------------|--|------------|---|---------|-------------|--|
| No. C 45502 | | Due no later than May 31, 2011 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MATTHEWS MORTUARY, INCORPORATED (THE) LEONARD H. MATTHEWS 1655 1ST STREET IDAHO FALLS ID 83401-4305 | | LEONARD H. MATTHEWS 702 CLAY STREET MONTPELIER ID 83254 | | | |
| | | | | 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 | |
| PRESIDENT | LEONARD MATTHEWS | 702 CLAY STREET | MONTPELIER | ID | USA | 83254 | |
| SECRETARY | KATHRYN MATTHEWS | 702 CLAY STREET | MONTPELIER | ID | USA | 83254 | |
| 5. Organized Under the Laws of: ID C 45502 | | 6. Annual Report must be signed.* Signature: Leonard H Matthews Name (type or print): Leonard H Matthews Date: 03/16/2011 Title: President | | | | | |
| Processed 03/16/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |