

No. C 206329		Due no later than Jun 30, 2018		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. NORTH IDAHO HIGH SCHOOL AEROSPACE PROGRAM, INC. KENNETH LARSON PO BOX 1083 SAGLE ID 83860		KENNETH O LARSON 384 STORM CLOUD DRIVE SAGLE ID 83860			
				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	KEN LARSON	384 STORMCLOUD DR	SAGLE	ID		83860	
5. Organized Under the Laws of: ID C 206329		6. Annual Report must be signed.* Signature: Kenneth O Larson Name (type or print): Kenneth O Larson				Date: 04/24/2018 Title: Director	
Processed 04/24/2018		* Electronically provided signatures are accepted as original signatures.					