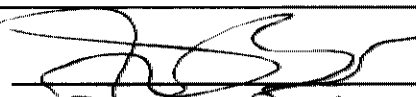


No. C117013	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		THOMAS J HOLMES 415 S ARTHUR POCATELLO ID 83204	
	GATE CITY LEUKEMIA FUND, INC THOMAS J HOLMES 415 S ARTHUR <i>P.O. Box 967</i> POCATELLO ID 83204		3. Organized Under the Laws of: ID C117013	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
Office held	Name	Street or P.O. Address	City	State Zip
President	None - Nonprofit			
Secretary	None - Nonprofit			
Director	Judy Holmes	1503 N. Mink Creek Rd.	Pocatello,	ID 83204
Director	Lois Zeitner	2164 Cassia	Pocatello,	ID 83201
Director	John Novosel	355 Appaloosa	Pocatello,	ID 83204
5. Signature of New Registered Agent		6. Signature  Name (Typed or Printed) <u>Thomas J. Holmes</u> Date <u>7-22-99</u> Title <u>Registered/Atty</u>		

ISSUED: 07-03-1999

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