

No. C 69526	Annual Report Form Due No Later Than November 30, 1997		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	1. Mailing Address - Please Correct, If Not Correct CONSUMER CREDIT COUNSELING S 302 A THAIN RD LEWISTON ID 83501		SHERYL CHOATE 302 A THAIN RD LEWISTON ID 83501 3. Organized Under the Laws of: ID C 69526									
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) <table border="0"> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> </table> See Attached List					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>							
5.		6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td><u>7-29-97</u></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><u>SHERYL L CHOATE</u></td> <td>Title</td> <td><u>EXECUTIVE DIRECTOR</u></td> </tr> </table>			Signature		Date	<u>7-29-97</u>	Name (Typed or Printed)	<u>SHERYL L CHOATE</u>	Title	<u>EXECUTIVE DIRECTOR</u>
Signature		Date	<u>7-29-97</u>									
Name (Typed or Printed)	<u>SHERYL L CHOATE</u>	Title	<u>EXECUTIVE DIRECTOR</u>									

ISSUED: 07-04-1997 ↓ DO NOT TAPE OR STAPLE ↓

10998

CONSUMER CREDIT COUNSELING SERVICE OF N. IDAHO, INC.

BOARD MEMBERSHIP ROSTER

MARCH 1997

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