

|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                              |                                                                                                                              |                                                                                                                   |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>No. 77967</b>                                                                                                            | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, <b>1988</b>                                                                                                                                                                                                                                                                                                                                                         | <b>2. Registered Agent and Office</b><br><br><b>PETER B. WILSON</b><br><b>205 W. KOOTENAI</b><br><b>BONNERS FERRY, IDAHO</b><br><b>83805</b>                                   |                                                                                                                                                                         |                                                                                                              |                                                                                                                              |                                                                                                                   |                                                                   |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><b>SEC. OF STATE</b> | <b>1. Mailing Address — Please Correct 077967</b><br><br><b>DONATIONS FOR THE DEAF, INC.</b><br><b>PETER B. WILSON</b><br><b>P.O. BOX 749</b><br><b>BONNERS FERRY, IDAHO</b><br><b>83805</b>                                                                                                                                                                                                                                                     | <b>3. Incorporated Under The Laws</b> <span style="float: right;">INTERESTED</span><br>of <span style="float: right;"><b>OCT 26 1988</b></span><br><br><b>STATE OF IDAHO</b>   |                                                                                                                                                                         |                                                                                                              |                                                                                                                              |                                                                                                                   |                                                                   |
| <b>4. Names and Addresses of Officers and Directors</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                              |                                                                                                                              |                                                                                                                   |                                                                   |
|                                                                                                                             | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Street or P.O. Address</u>                                                                                                                                                  | <u>City</u>                                                                                                                                                             | <u>State</u>                                                                                                 | <u>Zip</u>                                                                                                                   |                                                                                                                   |                                                                   |
| <b>President:</b><br><b>Secretary:</b><br><b>Directors:</b>                                                                 | <i>Kyla Jeppesen</i><br><i>Evelyn M. Stueve</i><br><i>Bette O'Steen</i><br><i>Ruby Erickson</i><br><i>Georgia Jeppesen</i><br><i>Janet Ritz</i><br><i>Eveline Ruchberg</i><br><i>Lorraine Memeis</i>                                                                                                                                                                                                                                             | <i>Box 56</i><br><i>HCR 60 Box 120</i><br><i>HCR 01 Box 434</i><br><i>Box 1087</i><br><i>HCR 01 Box 384</i><br><i>HCR 60 Box 169</i><br><i>HCR 85 Box 132</i><br><i>HCR 85</i> | <i>Naples</i><br><i>Bonnerr Ferry</i><br><i>Naples</i><br><i>Bonnerr Ferry</i><br><i>Naples</i><br><i>Bonnerr Ferry</i><br><i>Bonnerr Ferry</i><br><i>Bonnerr Ferry</i> | <i>Ida</i><br><i>Ida</i><br><i>Ida</i><br><i>Ida</i><br><i>Ida</i><br><i>Ida</i><br><i>Ida</i><br><i>Ida</i> | <i>83847</i><br><i>83805</i><br><i>83847</i><br><i>83805</i><br><i>83847</i><br><i>83805</i><br><i>83805</i><br><i>83805</i> |                                                                                                                   |                                                                   |
| <b>5. Nature of Business</b><br><i>Donations for helping</i><br><i>children with hearing</i><br><i>problems.</i>            | <b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b><br><br><table style="width: 100%;"> <tr> <td style="width: 60%;"> <b>Signature</b> <i>Evelyn M. Stueve</i><br/> <b>Name</b> <small>(Typed or Printed)</small> <i>EVELYN M. STUEVE</i> </td> <td style="width: 40%;"> <b>Date</b> <i>Oct 24, 1988</i><br/> <b>Title</b> <i>Sec. Treas</i> </td> </tr> </table> |                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                              |                                                                                                                              | <b>Signature</b> <i>Evelyn M. Stueve</i><br><b>Name</b> <small>(Typed or Printed)</small> <i>EVELYN M. STUEVE</i> | <b>Date</b> <i>Oct 24, 1988</i><br><b>Title</b> <i>Sec. Treas</i> |
| <b>Signature</b> <i>Evelyn M. Stueve</i><br><b>Name</b> <small>(Typed or Printed)</small> <i>EVELYN M. STUEVE</i>           | <b>Date</b> <i>Oct 24, 1988</i><br><b>Title</b> <i>Sec. Treas</i>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                              |                                                                                                                              |                                                                                                                   |                                                                   |