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|--|--|--|--|--------------------------------------|---------|-------------|
| No. <b>C 117369</b>  | <b>Due no later than Dec 31, 2017</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                                      |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>MAY CEMETERY ASSOCIATION, INC.<br>SUSAN M MILLER<br>50 P MILLER ROAD<br>MAY ID 83253<br>USA |  | TED O'NEAL<br>81 FUREY LANE<br>MAY ID 83253        |                                      |         |             |
|  |  |  | 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   | JUDY MADSEN  | 248 PAHSIMEROI RD  | ELLIS  | ID                                   | USA     | 83235       |
| DIRECTOR   | VIRGINIA MARTINY   | 159 HOOPER LANE  | MAY  | ID                                   | USA     | 83253       |
| DIRECTOR   | GEORGE MILLER  | 50 P MILLER LANE   | MAY  | ID                                   | USA     | 83253       |
| SECRETARY  | SUSAN M MILLER   | 50 P MILLER ROAD   | MAY  | ID                                   | USA     | 83253       |
| PRESIDENT  | TED O'NEAL   | 11 O'NEAL LANE   | MAY  | ID                                   | USA     | 83253       |
| DIRECTOR   | SHARON ARRIZUBIETA   | 148 HOOPER LANE  | MAY  | ID                                   | USA     | 83253       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 117369</b>  |  | 6. Annual Report must be signed.*<br>Signature: SUSAN M MILLER<br>Name (type or print): SUSAN M MILLER |  | Date: 12/27/2017<br>Title: SECRETARY |         |             |
| Processed 12/27/2017   |  | * Electronically provided signatures are accepted as original signatures.                              |  |                                      |         |             |