

No. <b>C 153936</b>		<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MUSEUM OF WINCHESTER HISTORY, INC. MARLENE STELLMON PO BOX 3 WINCHESTER ID 83555 USA		MICHAEL P WASKO 417 MCBETH WINCHESTER 83555			
						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	ED COOMBES	250 MASON	WINCHESTER	ID	USA	83555	
DIRECTOR	KAREN JOHNSTON	PO BOX 304	CRAIGMONT	ID	USA	83523	
DIRECTOR	DAVID DENHAM	1567 POPLAR	CLARKSTON	WA	USA	99403	
TREASURER	MARTHA BRANSON	PO BOX 11	WINCHESTER	ID	USA	83555	
DIRECTOR	SHAROL WARD	20837 CUT OFF RD	CUL-DE-SAC	ID	USA	83524	
PRESIDENT	WILLIAM WARD	30837 CUT OFF RD	CUL-DE-SAC	ID	USA	83524	
DIRECTOR	DELORES HEATH	714 ALGOMA RD	WINCHESTER	ID	USA	83555	
SECRETARY	PATTY AND KEN MATHISON	701 CAMAS	WINCHESTER	ID	USA	83555	
5. Organized Under the Laws of:  <b>ID</b> <b>C 153936</b>		6. Annual Report must be signed.*  Signature: Marlene Stellmon Name (type or print): Marlene Stellmon					
		Date: 03/06/2015 Title: Staff Treasurer					
Processed 03/06/2015      * Electronically provided signatures are accepted as original signatures.							