No. <b>C 51527</b>	Due no later than Jun 30, 2018		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		nnual Report Form	Description of the second seco	CHRISTINE BOWARD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		AND THE PROPERTY OF THE PARTY O	799 MOUNTAIN VIEW RD CLARK FORK ID 83811  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CLARK FORK-HOPE AREA SENIOR SERVICES, INC. CHRISTINE M-E BOWARD 799 MOUNTAIN VIEW ROAD, CLARK P.O BOX 516 CLARK FORK ID 8381 CLARK FORK ID 83811-0516 USA						
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registere				
4. Corporations: Enter Names and Busine	ess Addresses of Pre	sident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name	Name		City	State	Country	Postal Code	
PRESIDENT VICKY BENNI			CLARK FORK	ID	USA	83836	
			CLARK FORK	ID	USA	83811	
TREASURER PATTI SPEELMON		17 BRYAN DRIVE	CLARK FORK	ID	USA	83811	
5. Organized Under the Laws of: 6. Annual Report r		ust be signed.*					
<b>ID</b> Signature: Chri		ne Date: 06/10/2018					
C 51527 Name (type or		int): Christine	Title: Boward				
Processed 06/10/2018	* Electronically provided signatures are accepted as original signatures.						