No. C 178885		Due no later than Jun 30, 2009			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			JULIE OXARANGO-INGRAM				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.			210 WEST C ST SHOSHONE ID 83352				
		LINCOLN COUNTY CHAMBER OF COMMERCE INC. JULIE F OXARANGO-INGRAM 210 WEST C ST SHOSHONE ID 83352 USA							
					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	
TREASURER	WENDI MCK	NIGHT	145 N HWY 75		SHOSHONE	ID	USA	83352	
DIRECTOR	SARA OTTO		GOODING MEMORIAL HOSPITAL HUM, RESOURCES		N GOODING	ID	USA	83330	
DIRECTOR	DR KEITH DAVIS MD		113 S APPLE		SHOSHONE	ID	USA	83352	
PRESIDENT	RUSTY PAR	KER .	94 Parker Gulch RD		SHOSHONE	ID	USA	83352	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 178885		Signature: Julie Oxarango-Ingram			Date: 07/15/2009				
		Name (type or print): Julie Oxarango-Ingram				Title: Secretary			
Processed 07/15/2009 * Electronically provided signatures are accepted as original signatures.									