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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|------------------|-------------|--|
| No. <b>C 26718</b>                                                                                                                                     |                 | <b>Due no later than Aug 31, 2015</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>MOUNTAIN HOME LODGE NO. 19, INCORPORATED,<br>INDEPENDENT ORDER OF ODD FELLOWS, OF MOUNTAIN<br>HOME, IDAHO<br>MARGE HARLAN<br>1480 VISION STREET<br>MOUNTAIN HOME ID 83647<br>USA |               | DONNIE MARVIN<br>5469 SE HARVEST CIR<br>MOUNTAIN HOME ID 83647 |                  |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                                                               |               | 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                                                                                                                                              | WINTHROP OSBORN | 1850 NORTH 7TH EAST                                                                                                                                                                                                                           | MOUNTAIN HOME | ID                                                             | USA              | 83647       |  |
| SECRETARY                                                                                                                                              | LOIS CLARK      | 1775 CANYON CREEK ROAD                                                                                                                                                                                                                        | MOUNTAIN HOME | ID                                                             | USA              | 83647       |  |
| PRESIDENT                                                                                                                                              | PAT MARVIN      | 5469 SE HARVEST CIR                                                                                                                                                                                                                           | MOUNTAIN HOME | ID                                                             | USA              | 83647       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                                                                                             |               |                                                                |                  |             |  |
| <b>ID<br/>C 26718</b>                                                                                                                                  |                 | Signature: Marge Harlan                                                                                                                                                                                                                       |               |                                                                | Date: 09/21/2015 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Marge Harlan                                                                                                                                                                                                            |               |                                                                | Title: Agent     |             |  |
| Processed 09/21/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                                                                     |               |                                                                |                  |             |  |