

No. 054397	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																					
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  REG. STATE SEC. STATE JUN 10 1987	Due No Later Than November 1, 1987		ERNEST/BUNCH/Comm. Tom Spangler 1424 MAIN STREET LEWISTON, IDAHO 83501																					
	1. Mailing Address — Please Correct 054397																							
	AREA II COUNCIL ON AGING, INC. ERNEST/BUNCH/ Commissioner Tom Spangler 1424 MAIN STREET LEWISTON, IDAHO 83501		B. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Commissioner Tom Spangler</td> <td>1424 Main Street</td> <td>Lewiston</td> <td>Idaho</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Commissioner Tom Spangler	1424 Main Street	Lewiston	Idaho	83501	Secretary:					Directors:				
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President: Commissioner Tom Spangler	1424 Main Street	Lewiston	Idaho	83501																				
Secretary:																								
Directors:																								
5. Nature of Business Non-profit Organization		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Thomas J. Spangler</u> Date <u>7-30-87</u> Name (Typed or Printed) <u>Comm. Tom Spangler</u> Title <u>President</u>																						

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