

| No. 025461 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | | | | | | | | | | | | | | | |
|--|--|---|---|------|------------------------|------|-------|-----|--|--|--|--|--|--|--|--|--|--|
| Return To | Due No Later Than November 1, 1967 | | | | | | | | | | | | | | | | | |
| Secretary of State Room 203, Statehouse Boise, ID 83720 RECD SEC. OF 87 JUL 27 | 1. Mailing Address — Please Correct 025461 | | KENNETH H POE 1066 GRANDVIEW DRIVE NOR TWIN FALLS, IDAHO 83301 | | | | | | | | | | | | | | | |
| | TWIN FALLS GRANGE NO. 216 PATRON GLADYS DAVIS RT 4, BOX 7233 TWIN FALLS, IDAHO 83301 | | | | | | | | | | | | | | | | | |
| 3. 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 colspan="5"> President: Secretary: Directors: </td> </tr> <tr> <td colspan="5"> <i>The Twin Falls Grange #216 no longer exists. They consolidated with Filer Grange #215 last year.</i> <i>Letter sent</i> <i>Y.S.</i> </td> </tr> </tbody> </table> | | | | Name | Street or P.O. Address | City | State | Zip | President: Secretary: Directors: | | | | | <i>The Twin Falls Grange #216 no longer exists. They consolidated with Filer Grange #215 last year.</i> <i>Letter sent</i> <i>Y.S.</i> | | | | |
| Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | |
| President: Secretary: Directors: | | | | | | | | | | | | | | | | | | |
| <i>The Twin Falls Grange #216 no longer exists. They consolidated with Filer Grange #215 last year.</i> <i>Letter sent</i> <i>Y.S.</i> | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business | | 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 | | Date | | | | | | | | | | | | | | | | |
| Name (Typed or Printed) | | Title | | | | | | | | | | | | | | | | |

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