

REINSTATEMENT

| No. C 103605 | | Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|---|---------|--|-------|-------------|------|------------------------|------|-------|-----|-----------|--------------|----------|---------|----|-------|-----------|--------------|---------|---------|----|-------|----------|------------------|--------------|---------|----|-------|--|---------------|-----------|---------|----|-------|--|-------------|--------------|---------|----|-------|--|--------------|---------|---------|----|-------|--|--------------|----------|---------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 STATE OF IDAHO FEE DUE \$20.00 Forfeited 12/2/97 | | 1. Mailing Address - Please Correct, If Not Correct WALLACE PUBLIC LIBRARY FOUNDATION, INC. JOHN HORNING 415 RIVER ST WALLACE ID 83873 | | JOHN HORNING 415 RIVER ST WALLACE ID 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 3. Organized Under the Laws of: ID C 103605 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Office Held</th> <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</td> <td>John Horning</td> <td>Box 1131</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>Secretary</td> <td>Kathryn Gyde</td> <td>Box 407</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>Director</td> <td>Genevieve Paroni</td> <td>313 Cedar St</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td></td> <td>A.N. Holsizer</td> <td>4 King St</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td></td> <td>Mary Zeller</td> <td>415 River St</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td></td> <td>Kathryn Gyde</td> <td>Box 407</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td></td> <td>John Horning</td> <td>Box 1131</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> </tbody> </table> | | | | | | Office Held | Name | Street or P.O. Address | City | State | Zip | President | John Horning | Box 1131 | Wallace | ID | 83873 | Secretary | Kathryn Gyde | Box 407 | Wallace | ID | 83873 | Director | Genevieve Paroni | 313 Cedar St | Wallace | ID | 83873 | | A.N. Holsizer | 4 King St | Wallace | ID | 83873 | | Mary Zeller | 415 River St | Wallace | ID | 83873 | | Kathryn Gyde | Box 407 | Wallace | ID | 83873 | | John Horning | Box 1131 | Wallace | ID | 83873 |
| Office Held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| President | John Horning | Box 1131 | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary | Kathryn Gyde | Box 407 | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director | Genevieve Paroni | 313 Cedar St | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A.N. Holsizer | 4 King St | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mary Zeller | 415 River St | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kathryn Gyde | Box 407 | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | John Horning | Box 1131 | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Signature of New Registered Agent | | 6. Signature <u>John Horning</u> Date <u>12-16-97</u> Name (Typed or Printed) <u>John Horning</u> Title <u>President</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

Note: This was submitted on time last September (1997). If you find this lost piece of mail, please return our \$20.00

IDAHO SECRETARY OF STATE
 12/19/1997 09:00
 CK: 1371 CT: 91388 BH: 65348

1 @ 20.00 = 20.00 CORP REINS