No. C 193223		Due no later than Dec 31, 2017	2. Registered Agent and Address (NO PO BOX) JULIE LARSON 900 N DOVE LN BOISE ID 83704-8370 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.				
		CENTER FOR ARTS AND EDUCATION, INCORPORATED AN IDAHO NONPROFIT CORPORATION 900 N DOVE LN BOISE ID 83704				
NO FILING FEE IF		USA				
RECEIVED BY DUE DATE						
4. Corporations: Enter Nam	nes and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DEE HOLSTE	D 900 N DOVE LN	BOISE	ID	USA	83704
DIRECTOR	JULIE LARSO	N 900 N DOVE LN	EMMETT	ID	USA	83704
DIRECTOR	EMIKO CARLI	IN 900 N DOVE LN	NEW YORK	NY	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 193223		Signature: Julie Larson	Date: 12/31/2017			
		Name (type or print): Julie Larson	Title: President			
Processed 12/31/2017	* Electronically provided signatures are accepted as original signatures.					