No. C 31503		Annual Report Form		2. Registered Agent and Address (NO PO BOX) HOPE BENEDICT 210 MAIN ST			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEMHI COUNTY HISTORICAL SOCIETY, INC. HOPE BENEDICT 210 MAIN SALMON ID 83467		SALMON ID 83467 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter N	ames and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DALE FORD		P.O. BOX 181	SALMON	ID	USA	83467
DIRECTOR	DAVE CALL		509 11TH STREET	SALMON	ID	USA	83467
DIRECTOR	SUE WAIDLEY		601 LOMBARD STREET	SALMON	ID	USA	83467
DIRECTOR	FRED WAIDLEY		601 LOMBARD STREET	SALMON	ID	USA	83467
DIRECTOR	BOB RUSSELL		5 SIMS RANCH ROAD	SALMON	ID	USA	83467
DIRECTOR	ANGIE HURLEY		P. O. BOX 70	TENDOY	ID	USA	83468
TREASURER	CAMILLE H ERNEST		59 FULTON RD	SALMON	ID	USA	83467
SECRETARY	FREDDE J HOWARTH		P. O. BOX 1166 285 DIAMOND CREEK LANE	SALMON	ID	USA	83467
PRESIDENT	PRESIDENT HOPE A BENEDICT		94 S. ST. CHARLES ST. P. O. BOX 909	SALMON	ID	USA	83467
5. Organized Under the Laws of: 6. Annual Report must		6. Annual Report must l	pe signed.*				
ID C 31503		Signature: Hope Benedict			Date: 12/04/2013		
		Name (type or print): Hope Benedict			Title: President		
Processed 12/04/2013		* Electronically provided	signatures are accepted as original signa	itures.			