| No. <b>C 33891</b>   | Due no later than Aug 31, 2007   | 2. Registered A                       | 2. Registered Agent and Address (NO PO BOX)  |         |             |  |
|--|--|---------------------------------------|--|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE | Annual Report Form  1. Mailing Address: Correct in this box if needed.  BLAINE COUNTY HISTORICAL MUSEUM, INC. (THE) JOAN F. DAVIES P. O. BOX 124 218 N MAIN HAILEY ID 83333-0124 USA | TEDDIE DAI<br>218 N MAIN<br>HAILEY ID | Z. Registered Agent and Address (NO PO BOX)  TEDDIE DALEY 218 N MAIN HAILEY ID 83333-0124  3. New Registered Agent Signature:* |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).          |  |                                       |  |         |             |  |
| Office Held Name   | Street or PO Address   | City                                  | State  | Country | Postal Code |  |
| TREASURER KELLI YOU  | NG BOX 1561  | HAILEY                                | ID   | USA     | 83333       |  |
| DIRECTOR LAURA HAI   | L BOX 4192   | HAILEY                                | ID   | USA     | 83333       |  |
| SECRETARY JANE ROSE  | EN BOX 3271  | HAILEY                                | ID   | USA     | 83333       |  |
| PRESIDENT JOAN F. D  | AVIES 214 2ND AVE N  | HAILEY                                | ID   | USA     | 83333       |  |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.*  |  |                                       |  |         |             |  |
| ID   | Signature: Joan F. Davies Date: 09/11/2007   |                                       |  |         |             |  |
| C 33891  | Name (type or print): Joan F. Davies   |                                       | Title: President   |         |             |  |
| Processed 09/11/2007   | * Electronically provided signatures are accepted as original signatures.  |                                       |  |         |             |  |