| No. <b>C 76074</b>   |                 | Due no later than Jun 30, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CARIBOU COMMUNITY THEATER GUILD, INCORPORATED STEVE STALCUP 150 E 3RD S SODA SPRINGS ID 83276 |  | 2. Registered Age        | 2. Registered Agent and Address (NO PO BOX)  MAZIE C. PORTER  331 S. 1ST WEST  SODA SPRINGS ID 83276  3. New Registered Agent Signature:* |         |             |  |
|--|-----------------|--|--|--------------------------|---|---------|-------------|--|
| Return to:   |                 |  |  | MAZIE C. POR             |   |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                 |  |  |                          |   |         |             |  |
|  |                 |  |  |                          |   |         |             |  |
|  |                 |  |  | 3. <u>New</u> Registered |   |         |             |  |
|  |                 |  |  |                          |   |         |             |  |
| 4. Corporations: Enter I   | Names and Busin | ess Addresses of Pr  | esident, Secretary, and Directors. Treasur | er (optional).           |   |         |             |  |
| Office Held  | Name            |  | Street or PO Address                       | City                     | State   | Country | Postal Code |  |
| TREASURER  | STEPHEN W       | STALCUP  | 150 E 3RD S                                | SODA SPRINGS             | ID  | USA     | 83276       |  |
| VICE PRESIDENT DAVE SUMM   |                 | 1ERS   | 295 RIVER DRIVE                            | SODA SPRINGS             | ID  | USA     | 83276       |  |
| SECRETARY DIANA MICK   |                 | ILESON   | 181 ARGONNE AVE.                           | SODA SPRINGS             | ID  | USA     | 83276       |  |
| PRESIDENT  | DENT JERRY BEAN |  | 307 1ST W                                  | GRACE                    | ID  | USA     | 83241       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |  |                          |   |         |             |  |
| ID<br>C 76074  |                 | Signature: Stephen Stalcup   |  |                          | Date: 05/20/2014  |         |             |  |
|  |                 | Name (type or print): Stephen Stalcup  |  |                          | Title: Treasurer  |         |             |  |
| Processed 05/20/2014   |                 | * Electronically provided signatures are accepted as original signatures.  |  |                          |   |         |             |  |