

No. C 142453		Due no later than Feb 28, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. LEMHI COUNTY EMERGENCY SERVICES COUNCIL, INC. CLARA EVARTS 111 WHITETAIL DR. 15 SALMON ID 83467		JEAN ANDERS 200 FULTON ST SALMON 83467			
						3. <u>New</u> 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	
PRESIDENT	JOHN S DICKENS	721 LEMHI ST	SALMON	ID	USA	83467	
DIRECTOR	ANGIE MILLER	122 HWY 93 NO.	SALMON	ID	USA	83467	
DIRECTOR	JERRY SLAGLE	3122 HWY 93 NORTH	GIBBONSVILLE	ID	USA	83465	
SECRETARY	CLARA EVARTS	111 WHITETAIL DR. #15	SALMON	ID	USA	83467	
DIRECTOR	MIKE RIES	P.O. BOX 68	LEADORE	ID	USA	83464	
5. Organized Under the Laws of: ID C 142453		6. Annual Report must be signed.* Signature: JEAN ANDERS Name (type or print): JEAN ANDERS					
		Date: 01/20/2015 Title: SEC/TREAS					
Processed 01/20/2015		* Electronically provided signatures are accepted as original signatures.					