| No. C 82193 | | Due no later than Sep 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|--|---|--|--------------------------------|---------|-------------|-----------|
| Return to: | | Annual Report Form | | | MEGAN E GRIFFIN 310 W IDAHO ST | | | |
| 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. MAKE-A-WISH FOUNDATION OF IDAHO, INC. SARAH SHINN 310 W IDAHO ST BOISE ID 83702 | | NATIONAL PROPERTY OF THE PROPE | | | | |
| | | | | BOISE ID 83702-8370 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | 7000 NO N |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | WILLIAM MA | RK ROBERTS | 2328 N TOWERVIEW LN | BOISE | ID | USA | 83702 | |
| DIRECTOR | TRAVIS GER | HARD | 5741 N CLARET CUP WAY | MERIDIAN | ID | USA | 83646 | |
| DIRECTOR | RICK BENNE | TT | 819 N 21ST ST | BOISE | ID | USA | 83702 | |
| DIRECTOR | BRAD CHRIS | TENSEN | 3600 FOUNDERS POINTE DR | AMMON | ID | USA | 83406 | |
| DIRECTOR | ANNMARIE J | OHNSON | 2208 N. 19TH STREET | BOISE | ID | USA | 83702 | |
| DIRECTOR | JOSHUA HAF | RMON | 1111 W. JEFFERSON SUITE 540 | BOISE | ID | USA | 83702 | |
| DIRECTOR | JOHN SABAL | Α | 4271 N. NINES RIDGE LANE | BOISE | ID | USA | 83702 | |
| DIRECTOR | JILLORA MAI | RFICE | 2396 W. DALTON AVE | COEUR D'ALENE | ID | USA | 83815 | |
| DIRECTOR | STEPHEN CILLEY | | 600 N. CURTIS SUITE 101 | BOISE | ID | USA | 83706 | |
| PRESIDENT | STACI WRIGHT | | 13127 W PALA MESA DR | BOISE | ID | USA | 83713-1605 | |
| DIRECTOR | JP GREEN | | 4140 N MOUNTAIN VIEW DR | BOISE | ID | USA | 83704-3503 | |
| TREASURER | SEAN MINOR | } | 339 W GREENSBORO CT | BOISE | ID | USA | 83706-5237 | |
| DIRECTOR | ALEC SARRA | AZOLLA | 12658 W RUNNING BROOK CT | BOISE | ID | USA | 83713-1448 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Renee Beal | | Date: 07/28/2016 | | | | |
| C 82193 | | Name (type or print): Renee Beal Title: Business Manage | | | ager | | | |
| Processed 07/28/2016 | | * Electronically pro | vided signatures are accepted as original s | ignatures. | | | | |