No. C 73510		Due no later than Aug 31, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOUNTAIN HOME SENIOR CENTER, INC. GEORGE L HALL 1000 NOOTH AND EACT		1000 N 3RD E	GEORGE L HALL 1000 N 3RD E MOUNTAIN HOME ID 83647-8364			
NO FILING FEE IF RECEIVED BY DUE DATE		1000 NORTH 3RD EAST MOUNTAIN HOME ID 83647		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	GERALD FLE	TCHER	145 WAR EAGLE RD	MOUNTAIN HOM	E ID	USA	83647	
DIRECTOR	KATHY WUD	YKA	815 W 12TH S	MOUNTAIN HOM	E ID	USA	83647	
SECRETARY	DELCINE JOH	HNSON	840 S.W. INDEPENDENT	MOUNTAIN	ID	USA	83647	
TREASURER	LISA M SIM	PSON	215 BAKER DR.	MOUNTAIN HOM	E ID	USA	83647	
DIRECTOR	GEORGE HAI	L	2251 S 10TH E	MOUNTAIN HOM	E ID	USA	83647	
DIRECTOR	DAN COLLIN	S	725 TERRELL DR	MOUNTAIN HOM	E ID	USA	83647	
DIRECTOR	SANDY MEA	LER	129 GOODALL ST	MOUNTAIN HOM	E ID	USA	83647	
DIRECTOR	ECTOR KAREN BIRCHFIELD		945 W 5TH N APT D25	MOUNTAIN HOM	E ID	USA	83647	
DIRECTOR	CONNIE CRU	JSER	970 N 5TH E	MOUNTAIN HOM	E ID	USA	83647	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID		Signature: LISA SIMPSON		Date: 06/2	Date: 06/21/2017			
C 73510		Name (type o	Title: BUS	Title: BUSINESS MANAGER				
Processed 06/21/2017		* Electronically p	rovided signatures are accepted as original	signatures.				