Return to: SECRETARY OF STATE 700 WEST JEFFERSON  1. Mailing Address - Please Correct, If Not Correct 204 MAIN STREET 300 WEST JEFFERSON	νo	. c 53772		D	Annual Report Form . 1936 ue No Later Than November 30,	2. Registered Age		OT A P.O. BOX	
NO FEE REQUIRED  ** FINAL NOTICE ** SALMON ID 87467 ID C 53772  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address  PRESIDENT JANICE NEAL P.O. BOX 135 CARMEN ID 83462  SECRETARY LUKE PRANGE 602 12th st. SALMON, ID 83467  DIRECTORS HELEN DURAND P.O. BOX 1029 SALMON, ID 83467  PHOEBE ANN FINLAYSON P.O. BOX 1485 SALMON, ID 83467  CAROL SHEFTS 703 HWY 93 N SALMON, ID 83467  NATURE OF SUSINESS  B. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Name (Typed or Ramona Combs-Stauffer Title)  Librarian	7	SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		SALMON LIBRARY ASSOCIATION, RAMONA COMPS-STAUFFER		204 MAIN STREE		E <b>T</b>	
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name Street or P.O. Address City PRESIDENT JANICE NEAL P.O. BOX 135 SECRETARY LUKE PRANGE 602 12th st.  DIRECTORS HELEN DURAND P.O. BOX 1029 PHOEBE ANN FINLAYSON P.O. BOX 1485 SALMON, ID 83467 CAROL SHEFTS 703 HWY 93 N  SALMON, ID 83467  NATURE OF BUSINESS  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Name (Typeda or Ramona Combs-Stauffer Title)  Name (Typeda or Ramona Combs-Stauffer Title)	_			204 MA	7.14 2 1 m	3. Organized Und	2 Organized Under the Laws of		
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PRESIDENT JANICE NEAL P.O. BOX 135 CARMEN ID 83462 SECRETARY LUKE PRANGE 602 12th st. SALMON, ID 83467  DIRECTORS HELEN DURAND P.O.BOX 1029 SALMON, ID 83467 PHOEBE ANN FINLAYSON P.O. BOX 1485 SALMON, ID 83467 CAROL SHEFTS 703 HWY 93 N SALMON, ID 83467  NATURE OF SUSINESS  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature ANN DIA (ANN SALMON)  Name (Typed or Ramona Combs-Stauffer Title Librarian)						s (check one)			
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PUBLIC LIBRARY  knowledge true, correct and complete.  Signature Kan Dia Combs-Stauffer 10/21/1996  Name (Typed or Printed)  Name (Typed or Printed)		и				SALMON,	ID 8	3467	
				s 6	knowledge true, correct and complete. Signature Kan Dia Complete.	-STay oate	10/21/ Librari	1996	