No. C 112194		D	ue no later than Sep 30, 2016	2. Registered A	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CLEARWATER HUMANE SOCIETY, LTD. SHERRIE CHAMBERS PO BOX 2063 OROFINO ID 83544			SHERRIE CHAMBER 627 HALL RD LENORE ID 83541 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SHERRIE CHAMBERS		627 HALL ROAD	LENORE	ID	USA	83541	
TREASURER	Treasurer cynthia hedi		2460 CROW BENCH ROAD	OROFINO	ID	USA	83544	
SECRETARY	CAROL HENGEN		1072 WELLS BENCH ROAD	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sherrie Chambers			Date: 10/07/2016			
C 112194		Name (type or print): Sherrie Chambers			Title: Director			
Processed 10/07/2016		* Electronically	provided signatures are accepted as original	signatures.				