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|--|--|--|--------------------------------------|-------|---------|-------------|
| No. <b>C 13490</b>   | <b>Due no later than May 31, 2015</b><br><b>Annual Report Form</b>   | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |                                      |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>OMEGA PHI ALPHA SORORITY (THE)<br>LISA HASENOEHRL<br>PO BOX 8275<br>MOSCOW ID 83843 | LISA HASENOEHRL<br>425 E WALNUT<br>GENESEE 83832<br><br>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 |
| DIRECTOR   | SHELBY SILFLOW   | PO BOX 136   | KENDRICK                             | ID    | USA     | 83537       |
| DIRECTOR   | ELAINE BROYLES   | 577 CONESTOGA ST   | MOSCOW                               | ID    | USA     | 83843       |
| PRESIDENT  | LISA HASENOEHRL  | 425 E. WALNUT  | GENESEE                              | ID    | USA     | 83832       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 13490</b>   | 6. Annual Report must be signed.*<br>Signature: Lisa Hasenoehrl<br>Name (type or print): Lisa Hasenoehrl   |  | Date: 03/26/2015<br>Title: President |       |         |             |
| Processed 03/26/2015   |  | * Electronically provided signatures are accepted as original signatures.                          |                                      |       |         |             |