No. C 67930	Due no later than Sep 30, 2010 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:				KELLIE LAVIGNE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. SHOSHONE COUNTY WOMEN'S RESOURCE CENTER, INC. KEISHA L. OXENDINE PO BOX 328			179 SATHER FIELD RD SILVERTON ID 83867			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				SILVERION ID 6360/			
	SILVERTON ID 83867		3. New Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 KEISHA L. OXENDINE 414 S		414 SIXTH STREET	WALLACE	ID	USA	83873	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Keisha L. Oxendine		Date: 07/21,	Date: 07/21/2010			
C 67930	Name (type or print): Keisha L. Oxendine		Title: Board	Title: Board of Directors President			
Processed 07/21/2010	* Electronically provided signatures are accepted as original signatures.						