No. C 54868		Due no later than Jan 31, 2013		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. STEELE MEMORIAL BENEFIT ASSOCIATION JAMIE L BOCKELMAN 203 S DAISY ST SALMON ID 83467 USA		203 S DAISY SALMON ID	LOREN ARFMANN 203 S DAISY ST SALMON ID 83467 3. New Registered Agent Signature:*			
. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROBERT ST	ODDARD	203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	DON JAKOVAC		203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	SALLY EDWARDS		203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	LOREN ARFMANN		203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	BILL ALLEN		203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	ELAINE MAYBERRY		203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	BRIAN BARRY		203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	KURT J HILL		203 S DAISY ST	SALMON	ID	USA	83467	
DIRECTOR	RICHARD NA	ATELSON	203 S DAISY ST	SALMON	ID	USA	83467	
5. Organized Under the Laws of: 6. Annual Rep		6. Annual Report	must be signed.*					
ID S		Signature: Jamie Bockelman		Date: 12/10/20	Date: 12/10/2012			
C 54868		Name (type or print): Jamie Bockelman		Title: Admin A	Title: Admin Assistant to Foundation			
Processed 12/10/2012	 2	* Electronically p	ovided signatures are accepted as origin	al signatures.				