No. C 39211		Due no later than Jan 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. ALPHA KAPPA LAMBDA FRATERNITY UNIVERSITY OF IDAHO CHAPTER, INCORPORATED JOHN HAWKINS 701 NEZ PERCE DRIVE MOSCOW ID 83843 USA		2. Registered A	Registered Agent and Address (NO PO BOX) JOHN HAWKINS 417 S. HAYES STREET MOSCOW 83843 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				417 S. HAYE MOSCOW				
4. Corporations: Enter Nar	nes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
TREASURER	JOHN HAWKINS NICHOLAS STINEMATES		417 S. HAYES STREET	MOSCOW	ID	USA	83843	
PRESIDENT			PO BOX 3096	MOSCOW	ID	USA	83843	
SECRETARY	RETARY WILL KRAHN		PO BOX 3096	MOSCOW	ID	USA	83843	
DIRECTOR	ALBERT THOMAS		PO BOX 3096	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: 6. Annu		6. Annual Repor	. Annual Report must be signed.*					
ID C 39211		Signature: John Hawkins			Date: 11/20/2014			
		Name (type or print): John Hawkins			Title: Treasurer			
Processed 11/20/2014 * Electronically provided signatures are accepted as original signatures.								