

No. C 52561		Due no later than Dec 31, 2013 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. OASIS PLANNING COUNCIL, INC. SISTER ANTHONY MARIE GREVING 214 E CENTER POCATELLO ID 83201 USA		SHARON STURM 214 E CENTER POCATELLO ID 83201			
				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	SUSIE STRICKER	353 NORTH 4TH AVENUE	POCATELLO	ID	USA	83201	
DIRECTOR	SHARON D STURM	501 NORTH MAPLE STREET	BLACKFOOT	ID	USA	83221	
DIRECTOR	MELISSA HARTMAN	921 SOUTH 8TH AVENUE, STOP 8095	POCATELLO	ID	USA	83209	
DIRECTOR	LOIS CLUFF	455 HAYES STREET	AMERICAN FALLS	ID	USA	83211	
DIRECTOR	DALE MCFARLAND	BOX 322	LAVA HOT SPRINGS	ID	USA	83246	
TREASURER	DEBBY DAY	640 PERSHING AVENUE, #A	POCATELLO	ID	USA	83201	
SECRETARY	DENISE O'FARRELL	1901 ALVIN RICKEN DRIVE	POCATELLO	ID	USA	83201	
PRESIDENT	BOBBIE BRANCH	801 BITTERROOT DRIVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 52561		6. Annual Report must be signed.* Signature: Sister Anthony Marie Greving Name (type or print): Sister Anthony Marie Greving Date: 10/24/2013 Title: Director, Area Agency on Aging					
Processed 10/24/2013		* Electronically provided signatures are accepted as original signatures.					