No. C 55015	Due no later than Feb 28, 2011	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	CONTRACTOR OF THE PARTY OF THE	BROOKE CUSHMAN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	NAMES OF THE PROPERTY OF THE PARTY OF THE PA	500 8TH AVE LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WARRIOR BOOSTER CLUB, INC. ATHLETIC DIRECTOR 500 8TH AVE		3. <u>New</u> Registered Agent Signature:*			
	LEWISTON ID 83501	3. New Register				
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 BROOKE CL	JSHMAN 500 8TH AVE.	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Brooke Cushman	Date: 12/13	Date: 12/13/2010			
C 55015	Name (type or print): Brooke Cushman	Title: Assist	Title: Assistant Athletic Director			
Processed 12/13/2010	* Electronically provided signatures are accepted as original signatures.					