No. <b>C 137569</b>		Due no later than Feb 28, 2015		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.  IDAHO OPERATION LIFESAVER, INC.  TRAVIS D CAMPBELL  300 S HARRISON AVE  POCATELLO ID 83204  USA		CHRIS ARVAS 300 S HARRISON AVE POCATELLO 83204  3. New Registered Agent Signature:*			
		ess Addresses of	President, Secretary, and Directors. Treasure	 er (ontional)			
Office Held	Name	200 / 1001 20020 01	Street or PO Address	City	State	Country	Postal Code
TREASURER	CHRIS ARVAS		300 SOUTH HARRISON AVE	POCATELLO	ID	USA	83204
SECRETARY	BARB BARROWS		P O BOX 83720	BOISE	ID	USA	83720-0074
DIRECTOR ROBERT L.			12070 WEST EDNA STREET	BOISE	ID	USA	83713
DIRECTOR AUDRA G U			P O BOX 83720	BOISE	ID	USA	83720
DIRECTOR BRENT JENN			3311 WEST STATE STREET	BOISE	ID	USA	83703
DIRECTOR CHARLIE BAI		UMAN	1313 1ST STREET NO.	NAMPA	ID	USA	83687
PRESIDENT CHRIS WEADIRECTOR JOE LECKIE TREASURER CHRIS ARVA		P O BOX 83720	IDAHO FALLS BOISE	ID ID	USA USA	83402 83720-0074	
							300 S HARRISON AVE
			DIRECTOR DAVID SANI		DERS	PO BOX 220	<b>FAIRFIELD</b>
DIRECTOR RON LAW			PO BOX 83720	BOISE	ID	USA	83720
DIRECTOR	FOR GARRETT BOLYARD		618 SHOSHONE STREED WEST	TWIN FALLS	ID	USA	83301
DIRECTOR	MICHAEL HU	ЛТER	PO BOX 500	PONDERAY	ID	USA	83852
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 137569		Signature: Travis Campbell		Date: 12/29/2014			
		Name (type or print): Travis Campbell		Title: State Coordinator			
Processed 12/29/2014	1	* Electronically n	ovided signatures are accepted as original s	ignatures.			