| No. C 168809 | | Due no later than Sep 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|--|--|----------|------------|----------------|
| Return to: | | Annual Report Form | | KAREN JOHNSON | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. FRIENDS OF THE IONA COMMUNITY/PUBLIC LIBRARY CORPORATION KAREN JOHNSON 3548 N MAIN | | 4135 E IONA RD IDAHO FALLS ID 83401 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | PO BOX 487 IONA ID 83427 | | | | | |
| 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 |
| | JONI MOSHER KAREN JOHNSON | | 5288 LONGHURST P.O. BOX 534 4135 EAST IONA ROAD | IONA IDAHO FALLS | ID ID | USA USA | 83427 83401 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Joni Mosher | | Date: 10/29/2015 | | | |
| C 168809 | | Name (type or print): Joni Mosher | | Title: treasurer | | | |
| Processed 10/29/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | |