No. C 85278		Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. ACTORS REPERTORY THEATER OF IDAHO, INC. MELANIE H SENEFF P.O. BOX 50423 IDAHO FALLS ID 83405-0423 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) MELANIE H SENEFF 4523 E RIRIE HWY IDAHO FALLS ID 83401-5699 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								
				3. <u>New</u> Registere				
4. Corporations: Enter	Names and Busine	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JIM BECK		1935 SABIN DR	IDAHO FALLS	ID	USA	83406-5699	
DIRECTOR	REBECCA BE	CK	1935 SABIN DR	IDAHO FALLS	ID	USA	83406-5699	
DIRECTOR	LYNN CROWLEY		221 12TH ST	IDAHO FALLS	ID	USA	83402-5699	
TREASURER	MELANIE H SENEFF		4523 E RIRIE HWY	IDAHO FALLS	ID	USA	83401-5699	
DIRECTOR	DAVE NORRIS		1330 UTLEY	IDAHO FALLS	ID	USA	83401-5699	
SECRETARY	SEAN S CUNNINGHAM		824 CALLIOPE	IDAHO FALLS	ID	USA	83402	
DIRECTOR	KEVIN ODETTE		221 12TH ST	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: 6. Annual R		6. Annual Repor	t must be signed.*					
ID C 85278		Signature: Melanie H Seneff			Date: 10/26/2016			
		Name (type or print): Melanie H Seneff			Title: Treasurer			
Processed 10/26/2016		* Electronically p	rovided signatures are accepted as origina	al signatures.				