

No. C 94273	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct CITY OF ROCKS HISTORICAL ASS VED R. JACKSON P O BOX 169		VED R. JACKSON P O BOX 169 ALMO ID 83312
	ALMO ID 83312		3. Organized Under the Laws of: ID C 94273
	* FIRST NOTICE *		

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Kathleen Durfee	P.O. Box 185	Almo	ID	83312
Secretary	Vacant				
Director/Treasurer	Vacant				

5. NATURE OF BUSINESS

EDUCATIONAL & INTERPRETIVE ACTIVITIES

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Kathleen Durfee Date 11/13/96

Name (Typed or Printed) Kathleen Durfee Title President

ISSUED: 07-06-1996

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