

No. C 95125		Due no later than Apr 30, 2012		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		SUSAN SUMMERS 40805 LITTLE CANYON PECK ID 83545		
		1. Mailing Address: Correct in this box if needed. OROFINO MANIAC BOOSTERS, INC. SUSAN SUMMERS P O BOX 1223 OROFINO ID 83544-1223		3. <u>New</u> Registered Agent Signature:*		
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	SHANNA SCHWARTZ	3808 GRANGEMONT RD	OROFINO	ID	USA	83544
DIRECTOR	GERRY DAVIS	1223 WOODLAND MEADOS	OROFINO	ID	USA	83544
SECRETARY	TAMMY DAVIS	1223 WOODLAND MEADOWS	OROFINO	ID	USA	83544
TREASURER	SUSAN SUMMERS	P O BOX 1982	OROFINO	ID	USA	83544
DIRECTOR	CINDY HASKETT	217 MAIN	OROFINO	ID	USA	83544
PRESIDENT	JEFF JONES	125 BOULDER DR	OROFINO	ID	USA	83544
DIRECTOR	TRACY HAAG	2164 OROFINO CREEK	OROFINO	ID	USA	83544
DIRECTOR	KERRY BRINK	12270 HARTFORD	OROFINO	ID	USA	83544
DIRECTOR	STACI LEE	13 CARLOCK RD	OROFINO	ID	USA	83544
5. Organized Under the Laws of: ID C 95125		6. Annual Report must be signed.* Signature: Susan Summers Name (type or print): Susan Summers			Date: 02/13/2012 Title: Treasurer	
Processed 02/13/2012		* Electronically provided signatures are accepted as original signatures.				