

| No. C 31822 | | Due no later than May 31, 2009 Annual Report Form | | 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 | | 1. Mailing Address: Correct in this box if needed. CLEARWATER HISTORICAL SOCIETY, INC. (THE) BERNICE PULLEN PO BOX 1454 OROFINO ID 83544 | | BERNICE PULLEN 315 COLLEGE AVE OROFINO ID 83544 | | | | |
| | | | | | | 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 | BRIAN MCGOLDRICK | PO BOX 661 | OROFINO | ID | USA | 83544 | | |
| DIRECTOR | LIN CANNELL | 11680 HARTFORD AVE | OROFINO | ID | USA | 83544 | | |
| DIRECTOR | PERK LYDA | PO BOX 264 | OROFINO | ID | USA | 83544 | | |
| TREASURER | SELAH LEGUS | 12576 VISTA AVE | OROFINO | ID | USA | 83544 | | |
| SECRETARY | DONNA HEIEREN | 4041 EUKIKA RIDGE RD | OROFINO | ID | USA | 83544 | | |
| PRESIDENT | NICK R ABLERS | 12752 LAQA AVE | OROFINO | ID | USA | 83544 | | |
| 5. Organized Under the Laws of: ID C 31822 | | 6. Annual Report must be signed.* Signature: Bernice C. Pullen Name (type or print): Bernice C. Pullen | | | | | | Date: 03/13/2009 Title: Museum Director |
| Processed 03/13/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |