

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

BONNER COMMUNITY FOOD CENTER
LELAND C LLOYD
P.O. BOX 1222

LELAND C LLOYD
NO 921 FIFTH ST

SANDPOINT ID 83864

3. Organized Under the Laws of:

*** FIRST NOTICE ***

SANDPOINT ID 83366

TD C 76403

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

Zid

PRESIDENT	FLORENCE CARTER	1805 NO. BOYER	SANDPOINT	ID.	83864
V. PRES.	MAX BIRDELL	920 POPLAR ST.	SANDPOINT	ID.	83864
TREASURER	JOAN LAWRENCE	5500 WOODLAND DR.	SANDPOINT	ID.	83864
SECRETARY	SUNSHINE SACONE	P.O. BOX 1905	SANDPOINT	ID.	83864
MEMBER	LORRAINE GRUNER	P.O. BOX 1999	SANDPOINT	ID.	83864
MEMBER	DON HOLLAND	9347 COLBURN-CULVER	SANDPOINT	ID.	83864
MEMBER	JO JOHNSON	9780 COLBURN-CULVER RD.	SANDPOINT	ID.	83864
MEMBER	AMY FLINT	HCR 963	CLARK FORK	ID.	83811
MEMBER	ALICE WALLACE	8810 COLBURN-CULVER RD.	SANDPOINT	ID.	83864

5. NATURE OF BUSINESS

EMERGENCY FOOD CENTER

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

Date AUG. 14, 1996

Name _____

~~(Type in)~~ OR
(Printed)

LELAND C. LLOYD

Title **EXEC. DIRECTOR**

ISSUED: 37-06-1996

28375