

No. C 67195	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct IDAHO RAPTOR REHABILITATION BETTY L. DUGGAN 174 E. 2ND ST. KUNA ID 83634		BETTY L. DUGGAN 174 E. 2ND ST. KUNA ID 83634		
	3. Organized Under the Laws of: ID C 67195				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Betty L. Duggan	174 E. 2nd St.	Kuna	Idaho	83634
	Nancy Schafley	2004 Sunrise Rim	Boise	Idaho	83705
	Linda Jarvis	P.O. Box 10552 SH 55	Cascade	Idaho	83611
	Dan Jarvis	P.O. Box 10552 SH 55	Cascade	Idaho	83611
5. NATURE OF BUSINESS RAPTOR REHABILITATION		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 <u>Betty L. Duggan</u> Date <u>11-21-96</u> Name (Typed or Printed) <u>Betty L. DUGGAN</u> Title <u>PRESIDENT</u>			

ISSUED: 07-06-1995

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