

No. 66124	Idaho Corporation Annual Report Form - Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX DAUNA FAUSETT P. O. BOX 399 1102 NORTH COMMERCIAL AVE. NEW MEADOWS ID 83654																																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct NEW MEADOWS SENIOR CITIZENS DAUNA FAUSETT BOX 399 NEW MEADOWS ID 83654	3. Incorporated Under The Laws of ID NO: 066124																																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: DOROTHY LOOMIS</td> <td>P.O. BOX 253 NEW MEADOWS,</td> <td>ID.</td> <td>83654</td> <td></td> </tr> <tr> <td>Secretary: MARVA MOATS</td> <td>P.O. BOX 295 NEW MEADOWS,</td> <td>ID.</td> <td>83654</td> <td></td> </tr> <tr> <td>Directors: MARIE CLAUSON</td> <td>P.O. BOX 172 NEW MEADOWS,</td> <td>ID.</td> <td>83654</td> <td></td> </tr> <tr> <td>LIONELL MICHEL</td> <td>P.O. BOX 442 NEW MEADOWS,</td> <td>ID.</td> <td>83654</td> <td></td> </tr> <tr> <td>LUCILE DILLON</td> <td>P.O. BOX 17 NEW MEADOWS,</td> <td>ID.</td> <td>83654</td> <td></td> </tr> <tr> <td>ROBY BARNES HC</td> <td>75 P.O. BOX 253 NEW MEADOWS,</td> <td>ID.</td> <td>83654</td> <td></td> </tr> <tr> <td>JOHN HANGGI</td> <td>P.O. BOX 231 NEW MEADOWS,</td> <td>ID.</td> <td>83654</td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: DOROTHY LOOMIS	P.O. BOX 253 NEW MEADOWS,	ID.	83654		Secretary: MARVA MOATS	P.O. BOX 295 NEW MEADOWS,	ID.	83654		Directors: MARIE CLAUSON	P.O. BOX 172 NEW MEADOWS,	ID.	83654		LIONELL MICHEL	P.O. BOX 442 NEW MEADOWS,	ID.	83654		LUCILE DILLON	P.O. BOX 17 NEW MEADOWS,	ID.	83654		ROBY BARNES HC	75 P.O. BOX 253 NEW MEADOWS,	ID.	83654		JOHN HANGGI	P.O. BOX 231 NEW MEADOWS,	ID.	83654	
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5. Nature of Business (OLDER AMERICAN ACTIVITIES) ELDERLY OPPORTUNITY AGENCY, INC.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>Dorothy Loomis</i></td> <td>7/8/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>DOROTHY LOOMIS</td> <td>PRESIDENT</td> </tr> </table>		Signature	Date	<i>Dorothy Loomis</i>	7/8/91	Name (Typed or Printed)	Title	DOROTHY LOOMIS	PRESIDENT																																
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