No. <b>C 81481</b>		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  RALPH MAUGHAN  444 CLINTON  POCATELLO ID 83204			
Return to:				RALPH MAUG				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		Manager and the second of the second of				
		WOLF RECOVERY FOUNDATION, INC. (THE) RALPH MAUGHAN PO BOX 444 POCATELLO ID 83204 USA		POCATELLO				
				3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KATHIE LYNCH		151 MOON MOUNTAIN LANE	FELTON	CA	USA	95018	
SECRETARY	KIM HOLT		18632 BROADWAY AVE	SNOHOMISH	WA	USA	98296	
DIRECTOR	NORMAN A		4898 ITANA CIRCLE	BOZEMAN	MT	USA	59715-9391	
PRESIDENT	RALPH MAU	JAN	P.O. BOX 444	POCATELLO	ID	USA	83204-9391	
5. Organized Under the Laws of:		6. Annual Report m						
ID		Signature: Ralph Maughan			Date: 06/30/2017			
C 81481		Name (type or pr		Title: President				
Processed 06/30/2017 * Electronically provided signatures are accepted as original signatures.								