

No. <b>C 24887</b>		<b>Due no later than Mar 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CLEARWATER MEMORIAL PUBLIC LIBRARY (THE) ELLEN T. TOMLINSON BOX 471 OROFINO ID 83544		ELLEN TOMLINSON 402 MICHIGAN AVENUE OROFINO ID 83544			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	TAMMY GILMER	12273 INDIO AVENUE	OROFINO	ID	USA	83544	
DIRECTOR	LYNN CARD	P. O. BOX 1560	OROFINO	ID	USA	83544	
TREASURER	BETTY BURNHAM	10522 HARTFORD AVENUE	OROFINO	ID	USA	83544	
SECRETARY	ELLEN T TOMLINSON	P. O. BOX 471	OROFINO	ID	USA	83544	
PRESIDENT	JO SHARRAI	P. O. BOX 443	OROFINO	ID	USA	83544	
PRESIDENT	MARGARET COOK	4488 SUNNYSIDE BENCH ROAD	LENORE	ID	USA	83541	
5. Organized Under the Laws of:  <b>ID</b> <b>C 24887</b>		6. Annual Report must be signed.*  Signature: Ellen T. Tomlinson Name (type or print): Ellen T. Tomlinson					
		Date: 01/16/2016 Title: Director/Agent					
Processed 01/16/2016		* Electronically provided signatures are accepted as original signatures.					