

|  |                 |  |               |  |         |  |  |
|--|-----------------|--|---------------|--|---------|--|--|
| No. C 178585   |                 | Due no later than May 31, 2016<br><b>Annual Report Form</b>  |               | 2. Registered Agent and Address ( <b>NO PO BOX</b> )             |         |  |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DEPARTMENT COUNCIL OF IDAHO PATRIARCHS MILITANT<br>I.O.O.F. INCORPORATED<br>PATRICIA MARVIN<br>5469 SE HARVEST CIR<br>MOUNTAIN HOME ID 83647<br>USA |               | PATRICIA MARVIN<br>5469 SE HARVEST CIR<br>MOUNTAIN HOME ID 83647 |         |  |  |
|  |                 |  |               |  |         | 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                                |  |
| TREASURER  | PATRICIA MARVIN | 5469 SE. HARVEST CIRCLE  | MTN. HOME     | ID   | USA     | 83647                                      |  |
| SECRETARY  | PATRICIA MARVIN | 5469 SE HARVEST CIRCLE   | MOUNTAIN HOME | ID   | USA     | 83647                                      |  |
| VICE PRESIDENT   | THOMAS ASHLEY   | 111 PALMER DR  | NAMPA         | ID   | USA     | 83686                                      |  |
| PRESIDENT  | DONNIE MARVIN   | 5469 SE HARVEST CIRCLE   | MOUNTAIN HOME | ID   | USA     | 83647                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 178585</b>  |                 | 6. Annual Report must be signed.*<br><br>Signature: PATRICIA MARVIN<br>Name (type or print): PATRICIA MARVIN   |               |  |         |  |  |
|  |                 | Date: 04/20/2016<br>Title: SECRETARY   |               |  |         |  |  |
| Processed 04/20/2016 * Electronically provided signatures are accepted as original signatures.   |                 |  |               |  |         |  |  |