

No. C 140326		Due no later than Aug 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BUTTERFLY MEDICINE FOUNDATION, INC. LILY FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83815		LILY FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83815			
						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	ERIN SLADE	PO BOX 821	EAGAR	AZ	USA	85925	
DIRECTOR	MOLLY WALKER	8201 BROOKSIDE AVE	HAYDEN	ID	USA	83814	
DIRECTOR	HANNAH RAMOS	8001 GEORGE FOX PLACE	LORTON	VA	USA	78657	
5. Organized Under the Laws of: ID C 140326		6. Annual Report must be signed.* Signature: Lily Finch Name (type or print): Lily Finch					
		Date: 07/12/2010 Title: Director					
Processed 07/12/2010 * Electronically provided signatures are accepted as original signatures.							