No. C 142943	D	Due no later than Mar 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. ELMER'S, INC. 223 NORTHWEST MAIN ST BLACKFOOT ID 83221-2242		2. Registered Agent and Address (NO PO BOX) LUCILE M STECKLEIN 223 NW MAIN ST BLACKFOOT ID 83221-8322 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DAT	ELMER'S, INC 223 NORTHW BLACKFOOT						
4. Corporations: Enter Names a	nd Business Addresses of	f President, Secretary, and Directors. Treasure	er (optional).				
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT LUCILE M. STECKLEIN		223 NW MAIN STREET	BLACKFOOT	ID	USA	83221	
SECRETARY LUCILE M. STECKLEI		223 NW MAIN STREET	BLACKFOOT	ID	USA	83221	
	RICIA S. PERRY	1701 BRIARGATE COURT	FORT COLLINS	CO	USA	80526	
DIRECTOR MAR	Y LOU S. PAULSEN	569 S. PARK AVE	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: 6. Annual		al Report must be signed.*					
ID	Signature: L	Signature: Lucile M. Stecklein		Date: 05/10/2016			
C 142943	Name (type	Name (type or print): Lucile M. Stecklein			Title: President		
Processed 05/10/2016	* Electronically provided signatures are accepted as original signatures.						