

No. C 32885	Due no later than Jul 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) STEVE R CLACK 210 CENTER OROFINO ID 83544																																																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KIWANIS CLUB OF OROFINO, INC. STEVE R CLACK P. O. BOX 1317 OROFINO ID 83544		3. <u>New</u> Registered Agent Signature.																																																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Lyn Anderson</td> <td>Box 146</td> <td>Orofino</td> <td>ID</td> <td>USA</td> <td>83544</td> </tr> <tr> <td>V.P.</td> <td>Bernice Pollen</td> <td>1603 Wells Bench Rd</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treas. Sec.</td> <td>Doug Crockett</td> <td>Box 2055</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treas.</td> <td>Steve Clack</td> <td>Box 696</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dir.</td> <td>Vicki Schneider</td> <td>Box 2334</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dir.</td> <td>Jack Crites</td> <td>Box 2284</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Lyn Anderson	Box 146	Orofino	ID	USA	83544	V.P.	Bernice Pollen	1603 Wells Bench Rd					Treas. Sec.	Doug Crockett	Box 2055					Treas.	Steve Clack	Box 696					Dir.	Vicki Schneider	Box 2334					Dir.	Jack Crites	Box 2284				
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">C 32885</div>		6. Signature: _____ <div style="text-align: center; font-weight: bold;">Doug Crockett</div> Date: <u>Aug 15, 2017</u> Name (type or print) _____ <div style="text-align: center; font-weight: bold;">Doug Crockett</div> Title: <u>Secretary</u>																																																		
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM