

No. C 188309		Due no later than Aug 31, 2016 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. CASCADE FOOD PANTRY, INC LORI ANDERSON PO BOX 799 CASCADE ID 83611		LORI ANDERSON 1470 MAIN ST. CASCADE ID 83611			
						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	GREG SCHEELE	498 MICKI RD	CASCADE	ID	USA	83611	
DIRECTOR	BRIAN HINES	533 CABARTON RD	CASCADE	ID	USA	83611	
PRESIDENT	LORI ANDERSON	PO BOX 799	CASCADE	ID	USA	83611	
SECRETARY	SANDI SCHEELE	498 MICKI RD	CASCADE	ID	USA	83611	
5. Organized Under the Laws of: ID C 188309		6. Annual Report must be signed.* Signature: Lori Anderson Name (type or print): Lori Anderson					
		Date: 06/20/2016 Title: President					
Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures.							