

No. <b>C 197038</b>		<b>Due no later than Jan 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  CHARLIE ROBERT LEE MEMORIAL FOUNDATION, INC. ROBERT S LEE PO BOX 140554 BOISE ID 83714		ROBERT W LEE 5424 N SAMSON AVE BOISE 83704			
						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	MARITA S. LEE	PO BOX 140554	BOISE	ID	USA	83714	
TREASURER	ROBERT S. LEE	PO BOX 140554	BOISE	ID	USA	83714	
VICE PRESIDENT	ALLISON M. LEE	5424 N. SAMSON AVE.	BOISE	ID	USA	83704	
PRESIDENT	ROBERT W. LEE	5424 N. SAMSON AVE.	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID</b> <b>C 197038</b>		6. Annual Report must be signed.*  Signature: Robert S. Lee Name (type or print): Robert S. Lee					
		Date: 01/11/2015 Title: Director					
Processed 01/11/2015 * Electronically provided signatures are accepted as original signatures.							