

No. <b>C 95125</b>	<b>Due no later than Apr 30, 2018</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>1. Mailing Address: Correct in this box if needed.</b>  OROFINO MANIAC BOOSTERS, INC. PO BOX 1223 OROFINO ID 83544-1223		EMILY SIMMONS 438 MICHIGAN AVE OROFINO ID 83544			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			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
SECRETARY	CHERYL JONES	1119 GRANGEMONT ROAD	OROFINO	ID	USA	83544
TREASURER	EMILY SIMMONS	PO BOX 2282	OROFINO	ID	USA	83544
PRESIDENT	HEATHER SPARANO	1004 NEW HOPE LOOP	LENORE	ID	USA	83541
VICE PRESIDENT	KELLY WAGGENER	209 118TH STREET	OROFINO	ID	USA	83544
DIRECTOR	SARAH JOHNSON	104 PINECONE PARK LANE	OROFINO	ID	USA	83544
DIRECTOR	HEATHER CORDER	4123 GRANGEMONT ROAD	OROFINO	ID	USA	83544
DIRECTOR	ERIN RODGERS	23 MOONDANCE LANE	LENORE	ID	USA	83541
DIRECTOR	SEAN DIFFIN	119 RANDALL DRIVE	OROFINO	ID	USA	83544
DIRECTOR	NICOLE TURCOTT	130 BOULDER DRIVE	OROFINO	ID	USA	83544
5. Organized Under the Laws of:  <b>ID C 95125</b>		6. Annual Report must be signed.*  Signature: Emily Simmons Name (type or print): Emily Simmons  Date: 03/08/2018 Title: Treasurer				
Processed 03/08/2018		* Electronically provided signatures are accepted as original signatures.				