No. C 81481		Due no later than Jun 30, 2006 Annual Report Form 1. Mailing Address: Correct in this box if needed.		2. Registered Age	2. Registered Agent and Address (NO PO BOX) RALPH MAUGHAN 734 NORTH 12TH AVE POCATELLO ID 83201			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON				734 NORTH 12				
PO BOX 83720 BOISE, ID 83720-0080		WOLF RECOVERY FOUNDATION, INC. (THE) RALPH MAUGHAN PO BOX 444 POCATELLO ID 83204		3. <u>New</u> Registered	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KATHIE LYNCH		151 MOON MOUNTAIN LANE	FELTON	CA	USA	95018	
DIRECTOR	SALLE ENGELHARDT		P. O. BOX 1431	WEST YELLOWSTONE	MT	USA	59758	
SECRETARY KIM HOLT			18632 BROADWAY AVE	SNOHOMISH	WA	USA	98296	
DIRECTOR NORMAN A			4898 ITANA CIRCLE	BOZEMAN	MT	USA	59715-9391	
PRESIDENT	RALPH MAU	GHAN	P.O. BOX 444	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report						
IDA HO C 81481		Signature: Ralph Maughan			Date: 06/25/2006			
		Name (type or print): Ralph Maughan			Title: President			
Processed 06/25/2006		* Electronically pro	ovided signatures are accepted as original	signatures.				