No. C 86577		Due no later than May 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. CHALLIS ARTS COUNCIL, INC. MELISSA P FITZGERALD P. O. BOX 1131 CHALLIS ID 83226-1131 USA		2. Registered A	Registered Agent and Address (NO PO BOX) SHEILA FUNK			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
					632 N MAIN ST CHALLIS ID 83226			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ELAINE RON	ITONDO	PO BOX 726	CHALLIS	ID	USA	83226-0726	
DIRECTOR	LAURIE MATTHEWS		PO BOX 397	CHALLIS	ID	USA	83226-0379	
TREASURER	SUZANNE OSBORN		HC 63 BOX 1645	CHALLIS	ID	USA	83226-0062	
PRESIDENT	SHEILA FUNK		PO BOX 1285	CHALLIS	ID	USA	83226-1285	
SECRETARY	JANE BLOXHAM		PO BOX 359	CHALLIS	ID	USA	83226-0359	
DIRECTOR	SAHRA BEAUPRE'		810 E NORTH AVE	CHALLIS	ID	USA	83226-0359	
VICE PRESIDENT	SANDRA WILLINGHAM		PO BOX 1242	CHALLIS	ID	USA	83226-0359	
DIRECTOR	DIRECTOR EARLENE BURKE		PO BOX 818	CHALLIS	ID	USA	83226	
DIRECTOR	LINDA JOHN	SON	84 LARIAT LANE	CHALLIS	ID	USA	83226	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Melissa Perkins Fitzgerald			Date: 05/20/2015			
C 86577		Name (type or	6	Title: Administrative Asst.				
Processed 05/20/2015		* Electronically provided signatures are accepted as original signatures.						