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|--|----------------|--|--------|--|---------|-------------|
| No. C 84205 | | Due no later than Jun 30, 2017 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. APPLETON GRANGE NO. 127 PATRONS OF HUSBANDRY, INC. OLNA NEWLAN 520 E 17TH JEROME ID 83338 | | OLNA NEWLAN 520 E 17TH JEROME ID 83338 | | |
| | | | | 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 | MARILYN YOUNG | 824 20TH AVE EAST | JEROME | ID | USA | 83338 |
| DIRECTOR | LOIS FYKE | 736 16TH AVE EAST | JEROME | ID | USA | 83338 |
| SECRETARY | NORMA J NEWLAN | 208 7TH AVE EAST | JEROME | ID | USA | 83338 |
| DIRECTOR | DENNIS NEWLAN | 208 7TH AVE EAST | JEROME | ID | USA | 83338 |
| PRESIDENT | M OLNA NEWLAN | 520 17TH AVE EAST | JEROME | ID | USA | 83338 |
| 5. Organized Under the Laws of: ID C 84205 | | 6. Annual Report must be signed.* Signature: Olna Newlan Name (type or print): Olna Newlan Date: 05/07/2017 Title: President | | | | |
| Processed 05/07/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |