| No. C 107147  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                   | Due no later than Jul 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  WILD ANIMAL REHABILITATION OF IDAHO, INCORPORATED LORI MACKEY 1010 BENDEL ROAD TROY ID 83871 |  | 2. Registered A           | 2. Registered Agent and Address (NO PO BOX)  LORI MACKEY 1010 BENDEL RD TROY ID 83871  3. New Registered Agent Signature:* |         |             |  |
|--|-------------------|---|--|---------------------------|--|---------|-------------|--|
|  |                   |   |  | 1010 BENDEL<br>TROY ID 8: |  |         |             |  |
| 4. Corporations: Enter N   | ames and Busin    | ess Addresses of  | President, Secretary, and Directors. Treasur | rer (optional).           |  |         |             |  |
| Office Held  | Name              |   | Street or PO Address                         | City                      | State  | Country | Postal Code |  |
| DIRECTOR   | RECTOR LORI MACKE |   | 1010 BENDEL RD                               | TROY                      | ID   | USA     | 83871       |  |
| DIRECTOR AUDREY REY  |                   | NOLDS   | 293 REYNOLDS RD                              | VINCENT                   | OH   | USA     | 45784       |  |
| PRESIDENT LORI MACKE   |                   | Υ   | 1010 BENDEL ROAD                             | TROY                      | ID   | USA     | 83871       |  |
| SECRETARY AUDREY REY   |                   | NOLDS   | 293 REYNOLDS RD                              | VINCENT                   | OH   | USA     | 45784       |  |
| DIRECTOR   | RYAN LAW          |   | 1028 NEARING RD                              | MOSCOW                    | ID   | USA     | 83843       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |  |                           |  |         |             |  |
| ID<br>C 107147   |                   | Signature: Lori Mackey  |  | Date: 06                  | Date: 06/18/2017   |         |             |  |
|  |                   | Name (type or print): Lori Mackey   |  | Title: Di                 | Title: Director/ president   |         |             |  |
| Processed 06/18/2017   |                   | * Electronically  | provided signatures are accepted as original | signatures.               |  |         |             |  |