No. C 103861		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) KATHRYN SMITH 209 RAILROAD AVE POST FALLS ID 83854 3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		POST FALLS EAGLES AUXILIARY NO. 3682, INC. ARREEN MILLER PO BOX 262 POST FALLS ID 83877-0262						
NO FILING FEE IF RECEIVED BY DUE DATE				or <u>reco</u> regions.				
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ARREEN MIL		2270 W. PELLINORE WAY #94	POST FALLS	ID	USA	83854-0634	
DIRECTOR			PO BOX 634	POST FALLS	ID	USA	83877-0634	
PRESIDENT			2005 N POST STREET	POST FALLS	ID	USA	83854	
PRESIDENT	SHARRON S	VVEENEY	211 E. <i>T</i> TH AVE.	POST FALLS	ID	USA	83854-0634	
5. Organized Under the Laws of:		6. Annual Report						
ID		Signature: Ar		Date: 10/25/2017				
C 103861		Name (type o		Title: Secretary				
Processed 10/25/2017		* Electronically p	ovided signatures are accepted as original s	signatures.				