No. <b>C 39457</b>	Due no later than Apr 30, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	KAREN J. CORNWELL 29446 HWY 95 PARMA ID 83660  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  NATIONAL ASSOCIATION OF THEATRE OWNERS OF IDAHO, INC. KAREN J. CORNWELL				
NO FILING FEE IF RECEIVED BY DUE DATE	PO BOX 338 PARMA ID 83660				
4. Corporations: Enter Names and Bus	iness Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR BOB HARF	IS PO BOX 278	BURLEY	ID	USA	83318
PRESIDENT JEFF BOW	EN 75 S MAIN	SODA SPRINGS	ID	USA	83276
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Karen J Cornwell	Date: 04/24/2015			
C 39457	Name (type or print): Karen J Cornwell	Title: secretary-treasurer			
Processed 04/24/2015	* Electronically provided signatures are accepted as original signatures.				