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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 103148</b>                                                                                                                                    |                    | <b>Due no later than Aug 31, 2015</b>                                                                                                                                       |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>ELMORE COUNTY DOMESTIC VIOLENCE COUNCIL, INC.<br>KATHLEEN MAY<br>P O BOX 1136<br>MOUNTAIN HOME ID 83647<br>USA |               | JUDY ALLRED<br>810 N 10TH E<br>MOUNTAIN HOME ID 83647 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                             |               | 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 |  |
| VICE PRESIDENT                                                                                                                                         | KIMBERLY MIDDLETON | PO BOX 1136                                                                                                                                                                 | MOUNTAIN HOME | ID                                                    | USA     | 83647       |  |
| TREASURER                                                                                                                                              | KATHLEEN MAY       | PO BOX 1136                                                                                                                                                                 | MOUNTAIN HOME | ID                                                    | USA     | 83647       |  |
| PRESIDENT                                                                                                                                              | KATHY FIGUERDO     | PO BOX 1136                                                                                                                                                                 | MOUNTAIN HOME | ID                                                    | USA     | 83647       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 103148</b>                                                                                              |                    | 6. Annual Report must be signed.*<br>Signature: Kathleen May<br>Name (type or print): Kathleen May<br>Date: 09/01/2015<br>Title: Treasurer                                  |               |                                                       |         |             |  |
| Processed 09/01/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                   |               |                                                       |         |             |  |