| No. C 211086 | Due no later than Sep 30, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|--|----------|---------|----------------|
| Return to: | Annual Report Form | LUCAS RAE 1000 WILD IRIS LANE MOSCOW ID 83843 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. MOSCOW STORM BASKETBALL CLUB INC LUCAS RAE 1000 WILD IRIS LANE MOSCOW ID 83843 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | NO FILING FEE IF EIVED BY DUE DATE | | | | |
| 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 MEGAN RAI DIRECTOR ERIC KIBLE | | MOSCOW MOSCOW | ID ID | | 83843 83843 |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Lucas Rae | Date: 07/27/2017 | | | |
| C 211086 | Name (type or print): Lucas Rae | Title: Director | | | |
| Processed 07/27/2017 | * Electronically provided signatures are accepted as original signatures. | | | | |