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|--|-----------------|--|------------|---|---------|-------------|--|
| No. C 131681 | | Due no later than Dec 31, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | HELEN B DOMBROVSKIS 1537 BEL AIR CIRCLE TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. AMERICAN LEGION AUXILIARY UNIT #7, TWIN FALLS, INC. (THE) KIM COHEN 290 QUINCY ST. TWIN FALLS ID 83301 USA | | 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 | |
| PRESIDENT | DELORES SILCOTT | 861 GREENTREE | TWIN FALLS | ID | USA | 83301 | |
| TREASURER | JERRY HILLMAN | 531BOXWOOD DR. | TWIN FALLS | ID | USA | 83301 | |
| SECRETARY | BETH BEEDLE | 510 OAKLEY AVENUE | BURLEY | ID | USA | 83318 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 131681 | | Signature: Kim Cohen | | Date: 01/21/2014 | | | |
| | | Name (type or print): Kim Cohen | | Title: Past President | | | |
| Processed 01/21/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |