No. C 151728		Due no later than Nov 30, 2011		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SU BROWN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEWISTON CIVIC THEATER, INC. SU BROWN 77 SOUTHWAY AVE STE B		LEWISTON II	77 SOUTHWAY AVE STE B LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE		LEWISTON ID 83501 USA		3. <u>New</u> Registers	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	DENNIS OHRTMAN		510 BURRELL DR.	LEWISTON	ID	USA	83501	
PRESIDENT	HALLEY WRIGHT		625 21ST ST.	LEWISTON	ID	USA	83501	
SECRETARY	TORRY LEWIS		805 SIXTH AVE.	LEWISTON	ID	USA	83501	
DIRECTOR	JOHN SMITH		731 5TH ST.	CLARKSTON	WA	USA	99403	
DIRECTOR	BETSY BOLAND		403 CAPITOL	LEWISTON	ID	USA	83501	
DIRECTOR	OR TINA POE		912 VINEYARD DR.	LEWISTON	ID	USA	83501	
DIRECTOR	CTOR PATTY MILLS		805 SIXTH AVE.	LEWISTON	ID	USA	83501	
DIRECTOR	STEVEN OZERAN		1630 23RD AVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6.		6. Annual Repo	rt must be signed.*					
ID C 151728		Signature: Beth Larson		Date: 11,	Date: 11/03/2011			
		Name (type or print): Beth Larson		Title: Ex	Title: Executive Director			
Processed 11/03/2011		* Electronically	provided signatures are accepted as origina	al signatures.				