No. <b>C 195377</b>	1	Due no later than Jul 31, 2016  Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				CHRISTINA MCEVOY 145 E CARVER DR MERIDIAN ID 83646  3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	145 E CARVE	SOL SURVIVORS MELANOMA FOUNDATION, INC. 145 E CARVER DR MERIDIAN ID 83646					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bu	siness Addresses o	f President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR CHRISTINA MCEVOY		1379 E STRAUSS DR	MERIDIAN	ID	USA	83646	
DIRECTOR LISA BUL		1710 S MICHIGAN AVE	BOISE	ID	USA	83706	
DIRECTOR JANICE D	ILWORTH	1253 W TEVOIT ST	BOISE	ID	USA	83709	
5. Organized Under the Laws of: 6. Annual Repo		ort must be signed.*					
<b>ID</b> Signature:		Christina McEvoy Date: 06/20/2016					
C 195377	Name (type	Name (type or print): Christina McEvoy			Title: Director		
Processed 06/20/2016	* Electronically provided signatures are accepted as original signatures.						