No. <b>C 112194</b>		Due no later than Sep 30, 2018  Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) SHERRIE CHAMBER			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  CLEARWATER HUMANE SOCIETY, LTD.  SHERRIE CHAMBERS P. O. BOX 2063  OROFINO ID 83544-2063 USA			627 HALL RD			
				LENORE ID	LENORE ID 83541			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of I	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SHERRIE CH	IAMBERS	627 HALL ROAD	LENORE	ID	USA	83541	
TREASURER			2460 CROW BENCH ROAD	OROFINO	ID	USA	83544	
SECRETARY			1072 WELLS BENCH ROAD	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 112194		Signature: Cyr		Date: 08/30/2018				
		Name (type or		Title: Treasurer				
		* Electronically pr						