No. <b>C 206105</b>		Annual Report Form ALM		2. Registered Agent and Address (NO PO BOX)			
Return to:				ALMA HASSE			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  CITIZENS ALLIED FOR INTEGRITY AND ACCOUNTABILITY, INC.  PO BOX 922  FRUITLAND ID 83619-0922  USA		2945 1ST LANE E PARMA ID 83660-6152			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	INC.						
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names and B	isiness Addresses o	of President, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER ALMA H		2945 1ST LANE EAST	PARMA	ID	USA	83660-6152	
SECRETARY SHELLEY		8770 CHAPARRAL RD	EAGLE	ID	USA	83616	
PRESIDENT JAMES PLUCINSKI 2945 1ST LANE E PARMA ID USA 83660-6						83660-6152	
5. Organized Under the Laws of: 6. Annual Rep		ort must be signed.*					
ID	Signature: /	Signature: Alma Hasse		Date: 05/10/2016			
C 206105	Name (type	Name (type or print): Alma Hasse		Title: Treasurer			
Processed 05/10/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					