| No. C 174643 | | Due no later than Aug 31, 2008 | | 2. Registered Ager | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------------------|--|---|--|--|------------|----------------|--|
| Return to: | | Annual Report Form | | | TIMOTHY MCBRIDE 5433 HWY 95 FRUITLAND ID 83619 | | | |
| 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. | | N. 45000 No. 400 N. 80000 N. 100-11 | | | | |
| | | JOHN OGBURN III POST 12062 VETERANS OF FOREIGN WARS OF THE UNITED STATES, TIMOTHY J MCBRIDE 5433 HWY 95 FRUITLAND ID 83619 | | | | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 4. Corporations: Enter | r Names and Busin | ess Addresses of | President, Secretary, and Directors. Treasu | rer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| TREASURER PRESIDENT | TIMOTHY J MCBRIDE DEWAYNE MAYER | | 5433 HIGHWAY 95 200 SW PARK AVE | FRUITLAND NEW PLYMOUTH | ID ID | USA USA | 83619 83655 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 174643 | | Signature: Tim McBride | | Date: (| Date: 07/12/2008 | | | |
| | | Name (type or print): Tim McBride | | Title: | Title: Quartermaster | | | |
| Processed 07/12/2008 | 3 | * Electronically p | rovided signatures are accepted as original | signatures. | | | | |