No. **C 149487**	**Due no later than Jun 30, 2016** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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.** WALLACE CIVIC MEMORIAL AUDITORIUM ASSOCIATION, INC. DENNIS OBRIEN PO BOX 469 WALLACE ID 83873	DENNIS OBRIEN 413 CEDAR STREET WALLACE ID 83873 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DALE B LAVIGNE	PO BOX 2170	OSBURN	ID	USA	83849
DIRECTOR	DENNIS O'BRIEN	PO BOX 146	WALLACE	ID	USA	83873
DIRECTOR	KATE COAN	PO BOX 150	SILVERTON	ID	USA	83867
DIRECTOR	DALE B LAVIGNE	PO BOX 2170	OSBURN	ID	USA	83849
DIRECTOR	DON HOFMANN	PO BOX 150	SILVERTON	ID	USA	83867
DIRECTOR	WILLIAM DIRE JR	137 KING ST	WALLACE	ID	USA	83873

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 149487**	Signature: Dennis O'Brien	Date: 04/27/2016
	Name (type or print): Dennis O'Brien	Title: Director

Processed 04/27/2016

* Electronically provided signatures are accepted as original signatures.