

No. C 76711		Due no later than Aug 31, 2015 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. SALMON SENIOR CITIZENS NUTRITION SITE ASSOCIATION, INC. SAME 200 MAIN STREET SALMON ID 83467		ARLA BOOTS 200 MAIN ST SALMON ID 83467			
						3. <u>New</u> 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	
DIRECTOR	DENNIS JACK KIDD	905 BRYAN AVE	SALMON	ID	83467		
DIRECTOR	MARIANNE TERWILLIGER	1304 TENDOY AVE	SALMON	ID	83467		
DIRECTOR	JAMES MONROE	708 WILLOW AVE	SALMON	ID	83467		
DIRECTOR	LEROY FAYLE	710 MC PHERSON	SALMON	ID	83467		
DIRECTOR	RINALDO JENSON	1712 LEMHI ROAD	SALMON	ID	86437		
DIRECTOR	ALLEN MC DONOUGH	46 SHEEP CREEK ROAD	NORTH FORK	ID	83466		
DIRECTOR	ARLENE FADNESS	HC10 BOX 28	CARMEN	ID	83462		
SECRETARY	ARLA B BOOTS	25 BOOTS ROAD	SALMON	ID	83467		
VICE PRESIDENT	GEORGE MILEY	707 BROADWAY	SALMON	ID	86437		
PRESIDENT	JEANETTE WESTFALL	46 S. CHEROKEE LANE	SALMON	ID	83467		
5. Organized Under the Laws of: ID C 76711		6. Annual Report must be signed.* Signature: Arla Boots Name (type or print): Arla Boots Date: 09/14/2015 Title: Site Manager/Sec					
Processed 09/14/2015 * Electronically provided signatures are accepted as original signatures.							