| No. C 165513 | | Du | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---------------------|--|---|---|----------------------------------|---------|-------------|--|
| Return to: | | | | | JIM HOBDEY | | | |
| 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. OASIS VOLUNTEER FIRE DEPARTMENT, INC. JOLENE HOBDEY 15165 W SOLES REST CREEK RD OASIS ID 83647 | | | 10844 W HOBDEY LN OASIS ID 83647 | | | |
| | | | | 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of | President, Secretary, and Directors. Treasure | er (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | R SPIKE ERICSON | | 15000 SOLES REST CREEK RD | OASIS | ID | USA | 83647 | |
| DIRECTOR | DIRECTOR KATHY FIGU | | 10867 W JK RANCH RD | OASIS | ID | USA | 83647 | |
| DIRECTOR | JUDY JOHNSON | | 12407 W TILLI RD | OASIS | ID | USA | 83647 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 165513 | | Signature: JOLENE HOBDEY Date: 03/07/2018 | | | | | | |
| | | Name (type o | Title: SECRETARY | | | | | |
| Processed 03/07/2018 | | * Electronically p | rovided signatures are accepted as original s | ignatures. | | | | |