

No. C 202123		Due no later than May 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO HORROR FILM FESTIVAL, INC. MOLLY DECKART 2260 PARKSIDE DR BOISE ID 83712		MOLLY DECKART 2260 PARKSIDE DR BOISE ID 83712	
				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	SUSAN BECKER	2251 PARKSIDE DR	BOISE	ID	83712
DIRECTOR	ELLEN SMITH	7346 W TOBI ST	BOISE	ID	83714
5. Organized Under the Laws of: ID C 202123		6. Annual Report must be signed.* Signature: MD Name (type or print): MD Date: 05/11/2017 Title: Executive Director			
Processed 05/11/2017		* Electronically provided signatures are accepted as original signatures.			