Type or Print Clearly O   Full Name Michele L Tremblay	<u>- 47 - 188 - 1997</u>	- Work Address	PO Box 3019, Penaco	ok	
Primary Occupation Principal and owner	e-mail*optional			Work Phone	603.796.2615
Name the office, position, board or commission, board of directors, etc. or employment with state or county	Rivers Management Ac	dvisory Committee	e, Public Water Access A	dvisory Board,	
	Exotic Aquatic Weeds and Species Committee, Water Council				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federated and the served of the serv	nal or advisory capacit	y, and from whic	h any income in exces	s of \$10,000 w	as derived during the precedir
1. Northeast Aquatic Nuisance Species Council, PO B	ox 3019, Penacook, NH	03303			
2.		,			
1	itials next to the followi	ing statement.	My income d	loes not qualify	
If you have no qualifying income indicate by writing your in B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove	ecial interest in any of t in law, a change in adm rnment affecting the lis	he following busi inistrative rule, a	nesses, professions, occ decision whether or not	upations, group to award a con	s, or matters. A person has a tract, grant a license or permit,
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December 1, 2021 Date

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NEW HAMPSHIRE DEPARTMENT OF STATE

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301