No. <b>C 103173</b>	ı	Due no later than Aug 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				J THOMAS JONES 714 MAIN ST GOODING ID 83330  3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  IDAHO EDUCATIONAL SERVICES FOR THE DEAF AND THE BLIND FOUNDATION, INC. 714 MAIN ST GOODING ID 83330					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BLIND FOUN 714 MAIN S						
NO FILING FEE IF	GOODING 1	2 03330		- · · · · <b>J</b> - · · · ·	<b>J</b>		
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY BETH	CRAM	345 NEBRASKA	GOODING	ID	USA	83330	
	MAS JONES	714 MAIN	GOODING	ID	USA	83330	
PRESIDENT PAULA MASON		3881 N 2600 E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature:	Signature: Paula Mason		Date: 07/11/2012			
C 103173	Name (type	Name (type or print): Paula Mason		Title: President			
Processed 07/11/2012	* Electronically provided signatures are accepted as original signatures.						