No. <b>C 189339</b>		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CLINT HUFFI	CLINT HUFFMAN 871 WILDROSE LN BLACKFOOT 83221  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		BLACKFOOT YOUTH SOCCER ASSOCIATION, INC PATRICIA JENSEN PO BOX 373 BLACKFOOT ID 83221						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CLINT HUFF		871 WILD ROSE	BLACKFOOT	ID	USA	83221	
VICE PRESIDENT			420 S UNIVERSITY	BLACKFOOT	ID	USA	83221	
TREASURER	PATRICIA JE	NSEN	180 N. 360 W.	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: PatriciaJensen			Date: 01/08/2015			
C 189339		Name (type or p		Title: Treasurer				
Processed 01/08/2015	ed 01/08/2015 * Electronically provided signatures are accepted as original signatures.							