No. C 56995		Due no later than Nov 30, 2015		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PAUL A ELORDI			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ELORDI SHEEP CAMP, INC. LAURA KELLOGG 1991 W BEAR CREEK DR NAMPA ID 83686		HOMEDALE ID	3101 PIONEER RD HOMEDALE ID 83628 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CARLOTA ADEN		3821 BOMBASTIC CT	LAS VEGAS	NV	USA	89147	
DIRECTOR	CARMELITA CULBERTSON		P.O. BOX 242	JORDAN VALLEY	OR	USA	97910	
DIRECTOR	MARCIA ELORDI		P.O. BOX 55	JORDAN VALLEY	OR	USA	97910	
DIRECTOR	PAUL ELORDI		3101 PIONEER RD	HOMEDALE	ID	USA	83628	
PRESIDENT	RICHARD ELORDI		14448 BIGHORN DR.	NAMPA	ID	USA	83651	
TREASURER	LAURA KELLOGG		1991 W BEAR CREEK DT	NAMPA	ID	USA	83686	
SECRETARY	ROSALYN PI	TMAN	12748 BAILEY RD	MELBA	ID	USA	83641	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 56995		Signature: Laura Kellogg			Date: 10/21/2015			
		Name (type or print): Laura Kellogg			Title: Treasurer			
Processed 10/21/2015 * Electronically provided signatures are accepted as original signatures.								