No. C 116757		Due no later than Oct 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. ALMA MATER, INC. KONNIE BAINES 2670 NW 4TH AVE. FRUITLAND ID 83619		2. Registered Ag	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				2670 NW 4TH FRUITLAND 1	KONNIE BAINES 2670 NW 4TH AVE. FRUITLAND ID 83619 3. New 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	
SECRETARY	KONNIE BAII	NES	2670 N.W. 4TH AVENUE	FRUITLAND	ID	USA	83619	
PRESIDENT	ESIDENT BOB BAROW		S.WEST THIRD STREET	FRUITLAND	ID	USA	83619	
DIRECTOR DAVE KOEPF		PEN	424 S.W. THIRD ST	FRUITLAND	ID	USA	83619	
DIRECTOR	REECE M. F	IRIZUK	1511 N. WHITLEY DRIVE	FRUITLAND	ID	USA	83619	
TREASURER	BRUCE PETE	RSON	P.O. BOX 706	FRUITLAND	ID	USA	83619	
VICE PRESIDENT	RUSSELL ST	RAWN	1900 SW 1ST AVE	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must						
ID		Signature: Konnie Baines			Date: 08/20/2014			
C 116757		Name (type or print)		Title: Secretary				
Processed 08/20/2014		* Electronically provided signatures are accepted as original signatures.						