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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------|--------------------------------------|-------------|--|
| No. <b>C 187931</b>                                                                                                                                    |                   | <b>Due no later than Jul 31, 2016</b>                                                                                                                                               |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>                          |                                      |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>KOOTENAI LAND AND RESOURCE CONSERVATION TRUST,<br>INC.<br>JAMES MAGNUSON<br>PO BOX 2288<br>COEUR D ALENE ID 83816-2288 |                | H JAMES MAGNUSON<br>1250 NORTHWOOD CENTER CT<br>COEUR D ALENE ID 83814-2288 |                                      |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                     |                | 3. <u>New</u> 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 |  |
| DIRECTOR                                                                                                                                               | ERIKA GRUBBS      | 250 NORTHWEST BLVD                                                                                                                                                                  | COEUR D'ALENE  | ID                                                                          | USA                                  | 83814       |  |
| TREASURER                                                                                                                                              | STEPHANIE BLALACK | PO BOX 580                                                                                                                                                                          | COEUR D' ALENE | ID                                                                          | USA                                  | 83816       |  |
| DIRECTOR                                                                                                                                               | SANDY M. YOUNG    | PO BOX 580                                                                                                                                                                          | COEUR D' ALENE | ID                                                                          | USA                                  | 83814       |  |
| DIRECTOR                                                                                                                                               | CHRIS VARELA      | 5803 W. RIVERVIEW DR                                                                                                                                                                | COEUR D'ALENE  | ID                                                                          | USA                                  | 83814       |  |
| VICE PRESIDENT                                                                                                                                         | DIANE KOZNICK     | 18 GRAND MIRAMAR DR                                                                                                                                                                 | HENDERSON      | NV                                                                          | USA                                  | 89011       |  |
| PRESIDENT                                                                                                                                              | COLLIN COLES      | 7000 W. HIGHLAND DR                                                                                                                                                                 | COEUR D'ALENE  | ID                                                                          | USA                                  | 83814       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 187931</b>                                                                                              |                   | 6. Annual Report must be signed.*<br>Signature: Stephanie Blalack<br>Name (type or print): Stephanie Blalack                                                                        |                |                                                                             | Date: 06/21/2016<br>Title: Treasurer |             |  |
| Processed 06/21/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                           |                |                                                                             |                                      |             |  |