No. <b>C 35425</b>		Due no later than Apr 30, 2015		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SOUTH CENTRAL IDAHO BACTERIAL BLIGHT CONTROL ASSOCIATION, INC. APRIL JOHNSON P. O. BOX 2208 TWIN FALLS ID 83303 USA		APRIL JOHNSON  1527 PRINCETON DR TWIN FALLS 83301  3. New Registered Agent Signature:*			
		ess Addresses o	F President, Secretary, and Directors. Treasure	l er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOE NELSON		1142 SOUTH 2600 EAST	HAZELTON	ID	USA	83355
DIRECTOR	STEVE MUECEK		910 WEST 350 SOUTH	HEYBURN	ID	USA	83336
VICE PRESIDENT	DAVID ROLLHEISER		176 NORTH 400 WEST	RUPERT	ID	USA	83350
DIRECTOR	MIKE BECK		961 SOUTH 50 WEST	BURLEY	ID	USA	83316
DIRECTOR	RON BALLARD		22228 KIMBERLY ROAD	KIMBELRY	ID	USA	83341
PRESIDENT	GREG SIEVERS		4162 EAST 3125 NORTH	MURTAUGH	ID	USA	83344
DIRECTOR	ROBERT WI	LLIAMS	587 NORTH 400 WEST	PAUL	ID	USA	83347
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 35425		Signature: April Johnson		Date: 03/08/2015			
		Name (type	or print): April Johnson	Title: Office Manager			
Processed 03/08/2015 * Electronically provided signatures are accepted as original signatures.							