No. C 140221 Return to:		Due no later than Aug 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO ECONOMIC DEVELOPMENT ASSOCIATION, INC. SARINA K DAVID 1255 W HWY 39 BLACKFOOT ID 83221		2. Registered Agent and Address (NO PO BOX) SARINA DAVID 1255 W HWY 39 BLACKFOOT ID 83221 3. New Registered Agent Signature:*											
								SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter N	ames and Busin									ess Addresses of Pre	esident, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name										Street or PO Address	City	State	Country	Postal Code
DIRECTOR	WENDI SECRIST									650 W STATE ST	BOISE	ID	USA	83720	
DIRECTOR	GEORGIA SMITH							PO BOX 83720	BOSIE	ID	USA	83720			
DIRECTOR	JULIA OXRANGO-INGRAM		PO BOX 5079	TWIN FALLS	ID	USA	83303								
DIRECTOR	STEPHANIE	COOK	PO BOX 1625	IDAHO FALLS	ID	USA	83415								
PRESIDENT	KRISTEN A JENSEN		550 N OREGON TRAIL	AMERICAN FALLS		USA	83211								
DIRECTOR	BOBBI JOE-MEULEMAN		PO BOX 83720 DEPARTMENT OF COMMERCE	BOISE	ID	USA	83720								
DIRECTOR	JOLIE TUREK		PO BOX 758	CHALLIS	ID	USA	83226								
DIRECTOR	DEBBIE BAKER		111 MAIN STREET	LEWISTON	ID	USA	83501								
SECRETARY	KATHY RAY		PO BOX 31	MALAD	ID	USA	83252								
DIRECTOR	CONNIE CHADWICK		2300 NO. YELLOWSTONE	IDAHO FALLS	ID	USA	83401								
DIRECTOR	STEVE FULTZ		P.O. BOX 1179	CALDWELL	ID	USA	83606								
DIRECTOR	KARL DYE		614 S MADISON AVE	SANDPOINT	ID	USA	83864								
DIRECTOR	ROBIN COLLINS		411 3RD ST SOUTH	NAMPA	ID	USA	83651								
DIRECTOR	DAVE THORNTON		P.O. BOX 70	BOISE	ID	USA	83707								
VICE PRESIDENT	DOUG MANNING		PO BOX 1090	BURLEY	ID	USA	83318								
DIRECTOR	TINA WILSO	N	PO BOX 41	WILDER	ID	USA	83676								
DIRECTOR	CHRIS ST G		PO BOX 365	LAPWAI	ID	USA	83540								
DIRECTOR	GYNII GILLIA		P.O. BOX 1088	COEUR D' ALENE	ID	USA	83816								
TREASURER	TIMOTHY SO		127 EAST MAIN	REXBURG	ID	USA	83440								
			V 10												
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID		Signature: Sarina K David		Date: 09/20/2016											
C 140221		Name (type or print): Sarina K David		Title: Operations Manager											
Processed 09/20/2016		* Electronically prov	rided signatures are accepted as original signal	gnatures.											