No. C 137747	Due no later than Feb 28, 2011 2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	MURRAY JIM SORENSEN 285 NW MAIN ST BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CARL AND IMAGENE HOEHNER FAMILY FOUNDATION, INC. MURRAY JIM SORENSEN PO BOX 1047				
NO FILING FEE IF RECEIVED BY DUE DATE	BLACKFOOT ID 83221 USA				
4. Corporations: Enter Names and Bus	ness Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR IMAGENE I DIRECTOR CARL HOE		POCATELLO POCATELLO	ID ID	USA USA	83204 83204
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
Signature: Murray Jim Sorensen Date: 12/09/20		2010			
C 137747	Name (type or print): Murray Jim Sorensen	Title: Registered Agent			
Processed 12/09/2010	* Electronically provided signatures are accepted as original signatures.				