No. C 78795 Return to:		Due no later than Jun 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. SNAKE RIVER FARMERS' ASSOCIATION, INC. MICHAELENE ROWE PO BOX 807 HEYBURN ID 83336 USA		2. Registered Age	2. Registered Agent and Address (NO PO BOX) JOEL V ANDERSON EXECUTIVE DIRECTOR 406 W 400 S HEYBURN ID 83336			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				NAMES OF TAXABLE PARTY OF TAXABLE PARTY.				
				3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busine	ess Addresses of Pr	esident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ROCHELLE C	XARANGO	PO BOX 55	EMMETT	ID	USA	83617	
TREASURER	MIKE LEWIS		918 E 500 S	DECLO	ID	USA	83323	
DIRECTOR	CARL MALESICH		9575 HWY 41	DILLON	MT	USA	59725	
DIRECTOR	TOR MERRIL HANNY		535 EAST 129 SOUTH	IDAHO FALLS	ID	USA	83404	
DIRECTOR MARK NOBLE		Ē	PO BOX 849	GLENNS FERRY	ID	USA	83623	
PRESIDENT	ARMAND ECKERT		716 B EAST 4900 NORTH	BUHL	ID	USA	83316	
DIRECTOR MICHAELENE		ROWE	426 SOUTH 135 EAST	RUPERT	ID	USA	83350	
5. Organized Under	the Laws of:	6. Annual Report r	must he signed *					
ID		Signature: Darby Bemrose		Date	Date: 06/14/2018			
C 78795		Name (type or print): Darby Bemrose			Title: Office Assistant			
Processed 06/14/20:	18	,,,,	vided signatures are accepted as origina	l signatures.				