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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 210898</b>                                                                                                                                    |                  | <b>Due no later than Aug 31, 2018</b>                                                                                                              |           | <b>2. Registered Agent and Address (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><br>TVCA FOUNDATION, INC.<br>PO BOX 197<br>FRUITLAND ID 83619                         |           | REECE M HRIZUK<br>224 SW 3RD ST<br>FRUITLAND ID 83619 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                    |           | 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 |  |
| SECRETARY                                                                                                                                              | CHARLES S BAINES | 2130 NE 16TH ST                                                                                                                                    | FRUITLAND | ID                                                    | USA     | 83619       |  |
| PRESIDENT                                                                                                                                              | RONDA A BAINES   | 2130 NE 16TH ST                                                                                                                                    | FRUITLAND | ID                                                    | USA     | 83619       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 210898</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Charles S Baines<br>Name (type or print): Charles S Baines<br>Date: 07/19/2018<br>Title: Secretary |           |                                                       |         |             |  |
| Processed 07/19/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                          |           |                                                       |         |             |  |