

|                                                                                                                                                        |               |                                                                                                                                                                               |       |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>C 141050</b>                                                                                                                                    |               | <b>Due no later than Oct 31, 2014</b>                                                                                                                                         |       | 2. Registered Agent and Address <b>(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>BOISE DANCE TEACHERS ASSOCIATION, INCORPRATED<br>LISA M COWMAN<br>11395 W SHAY PARK WAY<br>NAMPA ID 83686<br>USA |       | ALEXIS LANGWORTHY<br>11395 W SHAY PARK WAY<br>NAMPA ID 83686 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                                               |       | 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      |  |
| PRESIDENT                                                                                                                                              | LISA M COWMAN | 11395 W SHAY PARK WAY                                                                                                                                                         | NAMPA | ID                                                           | USA     | 83686            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                             |       |                                                              |         |                  |  |
| <b>ID<br/>C 141050</b>                                                                                                                                 |               | Signature: Lisa M Cowman                                                                                                                                                      |       |                                                              |         | Date: 09/04/2014 |  |
|                                                                                                                                                        |               | Name (type or print): Lisa M Cowman                                                                                                                                           |       |                                                              |         | Title: President |  |
| Processed 09/04/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                     |       |                                                              |         |                  |  |