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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------|------------------|--|
| No. <b>C 81938</b>                                                                                                                                     |                  | Due no later than Aug 31, 2007<br><b>Annual Report Form</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><br>BLACKFOOT COMMUNITY PLAYERS, INC.<br>MISTY WINTEROWD TREASURER<br>P. O. BOX 1002<br>BLACKFOOT ID 83221<br>USA |           | SHARON HOGE<br>195 NORTH BROADWAY<br>BLACKFOOT ID 83221 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                |           | 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      |  |
| DIRECTOR                                                                                                                                               | CINDY L CAMPBELL | 160 CURTIS                                                                                                                                                                     | BLACKFOOT | ID                                                      | USA     | 83221            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                              |           |                                                         |         |                  |  |
| <b>ID<br/>C 81938</b>                                                                                                                                  |                  | Signature: Cindy L. Campbell                                                                                                                                                   |           |                                                         |         | Date: 09/14/2007 |  |
|                                                                                                                                                        |                  | Name (type or print): Cindy L. Campbell                                                                                                                                        |           |                                                         |         | Title: Director  |  |
| Processed 09/14/2007                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                      |           |                                                         |         |                  |  |