

No. <b>C 70011</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  LOST RIVERS FARM BUREAU, INC. TRAVIS B MCAFEE P O BOX 824 ARCO ID 83213 USA		DAVID R CALLISTER 1454 W 3700 N HOWE ID 83244			
						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	MOJ BROADIE	3317 W 3700 N	MOORE	ID	USA	83255	
SECRETARY	JACKIE STEWART	2700 N 3405 W	MOORE	ID	USA	83255	
DIRECTOR	PAM KELLY	3668 W 3550 N	MOORE	ID	USA	83255	
VICE PRESIDENT	MARCUS D KELLY	3668 W 3550 N	MOORE	ID	USA	83255	
PRESIDENT	TRAVIS MCAFEE	1293 W 3700 N	HOWE	ID	USA	83244	
DIRECTOR	SHAWN ANDERSON	3650 N 3650 W	DARLINGTON	ID	USA	83255	
DIRECTOR	AARON ROMRELL	1600 W 3651 N	HOWE	ID	USA	83244	
DIRECTOR	DAVID R CALLISTER	1454 W 3700 N	HOWE	ID	USA	83244	
5. Organized Under the Laws of:  <b>ID C 70011</b>		6. Annual Report must be signed.*  Signature: Travis McAfee Name (type or print): Travis McAfee					
		Date: 06/29/2014 Title: President					
Processed 06/29/2014 * Electronically provided signatures are accepted as original signatures.							