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|--|-----------------|---|---------------|--|---------|-------------|
| No. C 27080 | | Due no later than Apr 30, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. IDAHO OUTFITTERS & GUIDES ASSOCIATION, INC. GRANT SIMONDS P.O. BOX 95 BOISE ID 83701 USA | | GRANT SIMONDS 711 N 5TH BOISE ID 83702 | | |
| | | | | 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 | SETH TONSMEIRE | P O BOX 41 | LEMHI | ID | USA | 83465 |
| DIRECTOR | JOSEPH PETERSON | 2900 LAWYER CREEK ROAD | KAMIAH | ID | USA | 83536 |
| DIRECTOR | ARI KOTLER | P O BOX 1101 | DRIGGS | ID | USA | 83422 |
| DIRECTOR | DANA DEMOREST | 6330 W FILLY ST. | BOISE | ID | USA | 83703 |
| DIRECTOR | KELSEY HELFRICH | 63585 STACY LANE | BEND | OR | USA | 97701 |
| DIRECTOR | STEVE BURSON | P O BOX 471 | DARBY | MT | USA | 59829 |
| DIRECTOR | TIM CRAIG | P O BOX 119 | PECK | ID | USA | 83545 |
| DIRECTOR | KRIS KELLER | 11 KELLER PLACE | BOISE | ID | USA | 83716 |
| DIRECTOR | DIRK GIBSON | 15 SPRING VIEW LANE | GREAT FALLS | MT | USA | 59404 |
| DIRECTOR | TAMMY OVERACKER | 9 HAMNER DRIVE | SALMON | ID | USA | 83467 |
| DIRECTOR | KEN HELFRICH | 42091 MCKENZIE HWY. | SPRINGFIELD | OR | USA | 97478 |
| TREASURER | DARL ALLRED | P O BOX 81 | GARDEN VALLEY | ID | USA | 83622 |
| PRESIDENT | ALISON STEEN | P O BOX 243 | SALMON | ID | USA | 83467 |
| DIRECTOR | KIDD YOUREN | 1885 W SOUTH SLOPE RD | EMMETT | ID | USA | 83617 |
| DIRECTOR | TRAVIS BULLOCK | P O BOX 1189 | CHALLIS | ID | USA | 83226 |
| 5. Organized Under the Laws of: ID C 27080 | | 6. Annual Report must be signed.* Signature: Jane Bruesch Name (type or print): Jane Bruesch | | | | |
| | | Date: 02/15/2012 Title: Office Manager | | | | |
| Processed 02/15/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |