| No. <b>C 54532</b>   | Due no                   | Due no later than Nov 30, 2016  |                       | 2. Registered Agent and Address (NO PO BOX)                                |                  |             |  |
|--|--------------------------|---|-----------------------|--|------------------|-------------|--|
| Return to:   | An                       | nual Report Form  | JACOB ANDREW MORELAND |  |                  |             |  |
| SECRETARY OF STATE   | 1. Mailing Addre         | 1. Mailing Address: Correct in this box if needed.  |                       | 190 E FRONT ST STE 107 BOISE ID 83702  3. New Registered Agent Signature:* |                  |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | JACOB ANDREW I           | IDAHO ASSOCIATION OF ASSESSMENT PERSONNEL, INC. JACOB ANDREW MORELAND 190 E FRONT ST STE 107 SUITE 107 BOISE ID 83702 USA |                       |  |                  |             |  |
|  |                          |   |                       |  |                  |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                   |                          |   |                       |  |                  |             |  |
| 4. Corporations: Enter Names and Bu                        | siness Addresses of Pres | ident, Secretary, and Directors. Treasure   | r (optional).         |  |                  |             |  |
| Office Held Name   |                          | Street or PO Address  | City                  | State  | Country          | Postal Code |  |
| PRESIDENT JANELLE  | PENDER                   | 190 E FRONT STREET SUITE 107  | BOISE                 | ID   | USA              | 83702       |  |
|  | HEUSTON                  | 219 S 1ST AVE #101  | HAILEY                | ID   | USA              | 83333       |  |
| SECRETARY JACOB A  | NDREW MORELAND           | 190 E FRONT STREET SUITE 107  | BOISE                 | ID   | USA              | 83702       |  |
| 5. Organized Under the Laws of: 6. Annual Report mu        |                          | st be signed.*  |                       |  |                  |             |  |
| ID Signature: JAC  |                          | B A. MORELAND Date: 11/14/2016  |                       |  |                  |             |  |
| C 54532  | Name (type or prir       | Name (type or print): JACOB A. MORELAND   |                       |  | Title: SECRETARY |             |  |
| Processed 11/14/2016                                       | * Electronically provid  | * Electronically provided signatures are accepted as original signatures.   |                       |  |                  |             |  |