No. <b>C 63849</b>		Due no later than May 31, 2015		2. Registered A	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CAPITOL YOUTH SPORTS ASSOCIATION, INC. 270 S ORCHARD BOISE ID 83705 USA		GINA WADDELL 270 SOUTH ORCHARD BOISE ID 83705  3. New Registered Agent Signature:*				
4. Corporations: Enter Names	s and Busine	ess Addresses of Preside	ent, Secretary, and Directors. Treasure	er (optional).				
Office Held N	ame		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR M	MICHAEL BENNION		9238 WEST BEACHSIDE LANE	BOISE	ID	USA	83714	
DIRECTOR JC	DHN KLUKS	DAL	1312 HARRISON BLVD	BOISE	ID	USA	83702	
DIRECTOR TI	RACIE JOH	NSON	3974 E SHADY GLEN CT	BOISE	ID	USA	83706	
DIRECTOR PE	PETER WACHTELL		2733 WARM SPRINGS AVE	BOISE	ID	USA	83712	
DIRECTOR JE	JEAN BENDER		724 TROUTNER WAY	BOISE	ID	USA	83712	
PRESIDENT TI	TRACIE JOHNSON		3974 E SHADY GLEN CT	BOISE	ID	USA	83706	
DIRECTOR HI	R HENRY THOMPSON		1488 KNIGHTS DR	BOISE	ID	USA	83712	
DIRECTOR RI	TOR RICHARD COOK		1834 N PRESTWICK WAY	EAGLE	ID	USA	83616	
TREASURER RI	R RICHARD COOK		1834 N PRESTWICK WAY	EAGLE	ID	USA	83616	
SECRETARY JE	JEAN BENDER		724 TROUTNER WAY	BOISE	ID	USA	83712	
DIRECTOR AI	ALEX SLOAN		1411 N 12TH ST	BOISE	ID	USA	83702	
DIRECTOR JC	JOE SAUCERMAN		13441 N 3RD AVE	BOISE	ID	USA	83714	
5. Organized Under the Laws	s of:	6. Annual Report must	be signed.*					
ID		Signature: GINA WADDELL			: 06/01/2015			
C 63849		Name (type or print)	Title: OFFICE MANAGER					
Processed 06/01/2015		* Electronically provided	d signatures are accepted as original signatures	gnatures.				