

No. C 166384	Due no later than Apr 30, 2010 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.		ALLYSON BURNHAM 444 HOSPITAL WAY STE 555 POCATELLO ID 83201			
	SOUTH CLIFFS BUSINESS PARK ASSOCIATION, INC. ALLYSON BURNHAM 444 HOSPITAL WAY STE 555 POCATELLO ID 83201		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	BRAD C FRASURE	444 HOSPITAL WAY STE 555	POCATELLO	ID	USA	83201
DIRECTOR	BILLY B. ISLEY	444 HOSPITAL WAY, SUITE 555	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 166384	6. Annual Report must be signed.*					
		Signature: Allyson Burnham	Date: 04/21/2010			
		Name (type or print): Allyson Burnham	Title: Registered Agent			
Processed 04/21/2010		* Electronically provided signatures are accepted as original signatures.				