No. C 175073		Due no later than Sep 30, 2016		2. Registered Ager	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON		Annual Report Form 1. Mailing Address: Correct in this box if needed. EASTERN IDAHO ECONOMIC DEVELOPMENT PARTNERS, INC.		1255 W HWY 39 BLACKFOOT ID	SARINA DAVID 1255 W HWY 39 BLACKFOOT ID 83221			
PO BOX 83720 BOISE, ID 83720-0080		SARINA DAVID PO BOX 451 BLACKFOOT ID 83221		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter I	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TAMMY STR	INGHAM	803 MONROE	SALMON	ID	USA	83467	
DIRECTOR	JOHN REGET	Z	1651 ALVIN RICKEN DRIVE	POCATELLO	ID	USA	83201	
DIRECTOR	JAN ROGERS	5	151 N RIDGE	IDAHO FALLS	ID	USA	83402	
TREASURER	KRISTEN JENSEN		550 N OREGON TRAIL	AMERICAN FALLS	ID	USA	83211	
DIRECTOR	KATHY RAY		PO BOX 32	MALAD	ID	USA	83252	
DIRECTOR	JOLIE TURE	<	PO BOX 758	CHALLIS	ID	USA	83226	
VICE PRESIDENT			57 S MAIN	DRIGGS	ID	USA	83422	
DIRECTOR	MONICA HAMPTON		159 N IDAHO	ARCO	ID	USA	83213	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sarina K David		Date: 09/27	Date: 09/27/2016			
C 175073		Name (type o	Title: Oper	Title: Operations Manager				
Processed 09/27/2016		* Electronically p	rovided signatures are accepted as original	signatures.				