No. <b>C 121326</b>		Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  DEVELOPMENT WORKSHOP FOUNDATION, INC.  RECIA COTA  555 W 25TH ST  IDAHO FALLS ID 83402		MICHAEL V O'BLENESS 555 W 25TH ST IDAHO FALLS ID 83402  3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE								
4. Corporations: Enter	r Names and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOSHUA TOI	_MAN	2325 CORONADO STREET	IDAHO FALLS	ID	USA	83404	
DIRECTOR	KELLY OVAR	D	585 1ST STREET	<b>IDAHO FALLS</b>	ID	USA	83401	
DIRECTOR	CLAY MURDO	OCH	618 TROY	<b>IDAHO FALLS</b>	ID	USA	83402	
DIRECTOR	NATHAN OLSEN		2105 CORONADO STREET	<b>IDAHO FALLS</b>	ID	USA	83404	
DIRECTOR	OR KENT OSEEN		329 S. WOODRUFF	<b>IDAHO FALLS</b>	ID	USA	83401	
DIRECTOR	CTOR PHIL PETERSON		P O BOX 51174	<b>IDAHO FALLS</b>	ID	USA	83405	
DIRECTOR	R BEVERLEY KEMP		406 N. RIDGE	<b>IDAHO FALLS</b>	ID	USA	83402	
DIRECTOR	DR. CHARLES BOGE		1452 THREE FOUNTAINS	<b>IDAHO FALLS</b>	ID	USA	83404	
DIRECTOR	TONY LIMA		MELALEUCA 3910 S. YELLOWSTONE HWY	IDAHO FALLS	ID	USA	83402	
DIRECTOR	SHEILA OLSEN		555 W 25TH STREETI	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: 6. Annual F		6. Annual Report must	Annual Report must be signed.*					
ID		Signature: Recia Co	Date: 10/24/2016					
C 121326		Name (type or print): Recia Cota Title: VP, Finance						
Processed 10/24/2016	6	* Electronically provide	d signatures are accepted as original sign	atures.				