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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 192759</b>                                                                                                                                    |                  | <b>Due no later than Nov 30, 2015</b>                                                                                                                                                  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>IDAHO AGRICULTURAL FOUNDATION, INC.<br>TODD LAKEY<br>141 E. CARLSON<br>MERIDIAN ID 83642 |           | TODD LAKEY<br>141 E CARLSON<br>MERIDIAN ID 83642   |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                        |           | 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                                                                                                                                               | MICHELLE BENNETT | 9257 FOOTHILL ROAD                                                                                                                                                                     | MIDDLETON | ID                                                 | USA     | 83644       |  |
| DIRECTOR                                                                                                                                               | MARK D KREINER   | 4326 S MONTAGUE WAY                                                                                                                                                                    | MERIDIAN  | ID                                                 | USA     | 83642       |  |
| PRESIDENT                                                                                                                                              | CURT KRANTZ      | P.O. BOX 256                                                                                                                                                                           | NOTUS     | ID                                                 | USA     | 83656       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 192759</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Todd Lakey<br>Name (type or print): Todd Lakey                                                                                         |           |                                                    |         |             |  |
|                                                                                                                                                        |                  | Date: 12/01/2015<br>Title: Agent                                                                                                                                                       |           |                                                    |         |             |  |
| Processed 12/01/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                              |           |                                                    |         |             |  |