

No. C 73164		Due no later than Jun 30, 2014		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		JOHN BILLETZ 8011 USTICK RD BOISE ID 83704		
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*		
		IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION, INC. JOHN BILLETZ 8011 USTICK RD BOISE ID 83704				
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	JERRY KEANE	POST FALLS SCHOOL DISTRICT PO BOX 40	POST FALLS	ID	USA	83877
DIRECTOR	RHONDA HEGGEN	STATE DEPARTMENT OF EDUCATION 650 W STATE / PO BOX 83720	BOISE	ID	USA	83720
DIRECTOR	KEVIN LANCASTER	BLISS SCHOOL DISTRICT 601 E HWY 30 / PO BOX 15	BLISS	ID	USA	83314
DIRECTOR	TIM PERRIGOT	WEST MINICO MIDDLE SCHOOL 155 S 600 W	PAUL	ID	USA	83347
DIRECTOR	BETH HOLT	FRUITLAND HIGH SCHOOL 501 IOWA AVE / PO BOX A	FRUITLAND	ID	USA	83619-0027
DIRECTOR	MATT BARKLEY	POST FALLS HIGH SCHOOL PO BOX 40	POST FALLS	ID	USA	83877-0027
DIRECTOR	RON BOLINGER	AMERICAN FALLS SD #381 827 FORT HALL AVE	AMERICAN FALLS	ID	USA	83211-8370
DIRECTOR	BRYAN JOLLEY	SHELLEY SCHOOL DISTRICT 545 SEMINARY AVE	SHELLEY	ID	USA	83274-8370
DIRECTOR	DENA NACCARATO	POST FALLS HIGH SCHOOL PO BOX 40	POST FALLS	ID	USA	83877-8370
DIRECTOR	TRACY FULLER	CAPITAL HIGH SCHOOL 8055 GODDARD RD	BOISE	ID	USA	83704
DIRECTOR	GREG BAILEY	MOUNTAIN VIEW SCHOOL DISTRICT 714 JEFFERSON ST	GRANGEVILLE	ID	USA	83530-8370
VICE PRESIDENT	GARY BROGAN	BEAR LAKE SCHOOL DISTRICT PO BOX 300	PARIS	ID	USA	83261-8370
DIRECTOR	TODD GILKEY	COEUR D'ALENE HIGH SCHOOL N 5530 4TH STREET	COEUR D'ALENE	ID	USA	83815-8370
DIRECTOR	ARCHIE MCGREGOR	224 GRANDVIEW DR	ST MARIES	ID	USA	83861
PRESIDENT	RICH BAUSCHER	MIDDLETON SCHOOL DISTRICT 5 SOUTH 3RD AVE WEST	MIDDLETON	ID	USA	83644-8370
5. Organized Under the Laws of: ID C 73164		6. Annual Report must be signed.* Signature: Cheryl Millington Name (type or print): Cheryl Millington		Date: 04/16/2014 Title: Office Manager		
Processed 04/16/2014		* Electronically provided signatures are accepted as original signatures.				