

No. 052832	Idaho Corporation Annual Report Form		2. Registered Agent and Office																																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 87 NOV 16 AM 10 48 SEC. OF STATE	Due No Later Than November 1, 1987		RICHARD M. GARRARD COURTHOUSE BURLEY, IDAHO 83318																																					
	1. Mailing Address — Please Correct 052832																																							
	EXTENSION SERVICE ASSOCIATION OF RICHARD M. GARRARD BOX 518 BURLEY, IDAHO 83318		3. Incorporated Under The Laws of STATE OF IDAHO ENTERED NOV 16 1987																																					
4. Names and Addresses of Officers and Directors																																								
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Steve Peebles</td> <td>P.O. Box 328 Courthouse</td> <td>St. Anthony</td> <td>ID</td> <td>83445</td> </tr> <tr> <td>Secretary:</td> <td>Richard Garrard</td> <td>P.O. Box 518 Courthouse</td> <td>Burley</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>Directors:</td> <td>Max Gardner</td> <td>P.O. Box 10 Federal Bldg.</td> <td>Payette</td> <td>ID</td> <td>83661</td> </tr> <tr> <td></td> <td>Neil Meyer</td> <td>218 Tennant Crescent</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Saskatoon, Saskatchewan</td> <td>CANADA</td> <td></td> <td>S7H4Y8</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Steve Peebles	P.O. Box 328 Courthouse	St. Anthony	ID	83445	Secretary:	Richard Garrard	P.O. Box 518 Courthouse	Burley	ID	83318	Directors:	Max Gardner	P.O. Box 10 Federal Bldg.	Payette	ID	83661		Neil Meyer	218 Tennant Crescent						Saskatoon, Saskatchewan	CANADA		S7H4Y8
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5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																																						
Non-Profit Auto Insurance Coverage		Signature <u>Richard M. Garrard</u> Date <u>11-13-87</u> Name (Typed or Printed) _____ Title <u>County Agent</u>																																						