

No. C 213863	Due no later than May 31, 2018 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. KIMBERLY ASTROS BASEBALL, INC. 905 SHOSHONE ST N TWIN FALLS ID 83301		TIMOTHY J STOVER 905 SHOSHONE ST N TWIN FALLS ID 83301			
			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	NICOLE CHRISTIANSEN	3514 E 3985 N	KIMBERLY	ID		83341
DIRECTOR	SHARON ABBOT	3884 N 3614	KIMBERLY	ID		83341
5. Organized Under the Laws of: ID C 213863	6. Annual Report must be signed.* Signature: Timothy J. Stover Name (type or print): Timothy J. Stover		Date: 04/16/2018 Title: Registered Agent			
Processed 04/16/2018		* Electronically provided signatures are accepted as original signatures.				