| No. c 21348  | Annual Report Form  Due No Later Than November 30,   | 999 2 | 2. Registered Agent and Office NOT A P.O. BOX                                   |              |             |
|--|--|-------|---|--------------|-------------|
| Return to:<br>SECRETARY OF STATE   | 1 Mailing Address Please Correct  BLACKFOOT SLOUGH COMPANY  GEORGE KNODLE Jarry Pract  107 5-100 H 1076 E 12 Leding Free |       | LEAH O. JONES 342 E. 400 N.  BLACKFOOT ID 83221 3. Organized Under the Laws of: |              |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080   |  |       |   |              |             |
| NO FEE REQUIRED  |  |       |   |              |             |
| * FIRST NOTICE *   | BLACKFOOT ID 83221   |       | ID  | С            | 21348       |
| Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one) |  |       |   |              |             |
| Office held Name   | Street or P.O. Address   |       | <u>City</u>   | <u>State</u> | <b>Z</b> ∎o |
|  | Pratt 486 E Weeding Lane   | В     | lackfoot  | ID           | 8322]       |
| Directors: George Knodle 197 E 100 N   |  |       | lackfoot  | ID           | 83221       |
|  |  |       | lackfoot  | IĐ           | 83221       |
|  |  |       | lackfoot  | ID           | 83221       |
| Neal   | Powell 252 E 100 N   | В     | lackfoot  | ID           | 83221       |
| Secretary: *Leah   | 0 Jones 342 E 400 N  | В     | lackfoot  | ID           | 83221       |
| *Non-member hire   | d as secretary   |       |   |              |             |
| Signature of New Registere   | ~ 1 <b>V</b> 2/  |       | <u></u>   |              | _           |
| 2  | Signature Signature  | tua   | <b>∠∕√</b> Date   | 10/12        | 99          |
| Name (Typed or Printed)  Name (Typed or Printed)  Name (Typed or Printed)  |  |       |   |              | it          |
| ISSUED: 07-03-   | 1999   |       | 1966  |              |             |
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