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|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| No. <b>75549</b>                                                                                    | <b>Idaho Corporation Annual Report Form</b><br><i>Due No Later Than November 1, 1991</i>                                                                        | 2. Registered Agent and Office NOT A P.O. BOX<br><br>ALLEN R. ANDERSEN<br>383 YELLOWSTONE<br><br>POCATELLO ID 83201 |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b> | 1. Mailing Address: <i>Is this Correct? If Not Correct</i><br><br>IDAHO EDUCATION ASSOCIATION<br>ALLEN R. ANDERSEN<br>383 YELLOWSTONE<br><br>POCATELLO ID 83201 | 3. Incorporated Under The Laws<br>of ID<br><br>NO: 075549                                                           |
| NO FEE REQUIRED                                                                                     |                                                                                                                                                                 |                                                                                                                     |

  

4. Names and Addresses of Officers and Directors
 

| <u>Name</u>                         | <u>Street or P.O. Address</u>       | <u>City</u>       | <u>State</u> | <u>Zip</u>   |
|-------------------------------------|-------------------------------------|-------------------|--------------|--------------|
| President: <b>Allen R. Andersen</b> | <b>383 YELLOWSTONE</b>              | <b>Pocatello</b>  | <b>ID</b>    | <b>83201</b> |
| Secretary: <b>Debbie White</b>      | <b>138 2<sup>nd</sup> ST. E</b>     | <b>TWIN Falls</b> | <b>ID</b>    | <b>83301</b> |
| Directors: <b>Patti Roberts</b>     | <b>313 "D" ST. Suite 104</b>        | <b>Lewiston</b>   | <b>ID</b>    | <b>83501</b> |
| <b>MARLENE FARNLUUD</b>             | <b>620 N. 6<sup>th</sup> STREET</b> | <b>BOISE</b>      | <b>ID</b>    | <b>83702</b> |
| <b>DAVE NIMTE</b>                   | <b>620 N. 6<sup>th</sup> STREET</b> | <b>BOISE</b>      | <b>ID</b>    | <b>83702</b> |

  

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|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------|
| 5. Nature of Business<br><br><b>Labor Union</b>                                               | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">           Signature <u><i>Allen R. Andersen</i></u><br/>           Name (Typed or Printed) <b>ALLEN R. ANDERSEN</b> </td> <td style="width: 50%;">           Date _____<br/>           Title <b>PRESIDENT</b> </td> </tr> </table> | Signature <u><i>Allen R. Andersen</i></u><br>Name (Typed or Printed) <b>ALLEN R. ANDERSEN</b> | Date _____<br>Title <b>PRESIDENT</b> |
| Signature <u><i>Allen R. Andersen</i></u><br>Name (Typed or Printed) <b>ALLEN R. ANDERSEN</b> | Date _____<br>Title <b>PRESIDENT</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                      |