

|                                                                                                                                                        |                  |                                                                                                                                                   |            |                                                           |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>C 177354</b>                                                                                                                                    |                  | <b>Due no later than Feb 28, 2015</b>                                                                                                             |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>PRAIRIE BOOSTER CLUB, INC.<br>LINDA NIDA<br>PO BOX 182<br>COTTONWOOD ID 83522<br>USA |            | CHRIS KASCHMITTER<br>805 NORTH STREET<br>COTTONWOOD 83522 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                   |            | 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      |  |
| PRESIDENT                                                                                                                                              | GLENN POXLEITNER | 200 SAWMILL ROAD                                                                                                                                  | COTTONWOOD | ID                                                        | USA     | 83522            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                 |            |                                                           |         |                  |  |
| <b>ID<br/>C 177354</b>                                                                                                                                 |                  | Signature: Linda Nida                                                                                                                             |            |                                                           |         | Date: 02/08/2015 |  |
|                                                                                                                                                        |                  | Name (type or print): Linda Nida                                                                                                                  |            |                                                           |         | Title: Secretary |  |
| Processed 02/08/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                         |            |                                                           |         |                  |  |