No. **C 35425**	**Due no later than Apr 30, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SOUTH CENTRAL IDAHO BACTERIAL BLIGHT CONTROL ASSOCIATION, INC. APRIL JOHNSON P. O. BOX 2208 TWIN FALLS ID 83303	APRIL JOHNSON 1527 PRINCETON DR TWIN FALLS ID 83301 3. New 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	JOE NELSON	1142 SOUTH 2600 EAST	HAZELTON	ID	USA	83355
DIRECTOR	CARL MONTGOMERY	1013 SOUTH 1400 EAST	EDEN	ID	USA	83325
VICE PRESIDENT	DAVID ROLLHEISER	176 NORTH 400 WEST	RUPERT	ID	USA	83350
DIRECTOR	BRIAN HUETTIG	1271 SOUTH 2150 EAST	HAZELTON	ID	USA	83355
DIRECTOR	RON BALLARD	22228 KIMBERLY ROAD	KIMBELRY	ID	USA	83341
PRESIDENT	GREG SIEVERS	4162 EAST 3125 NORTH	MURTAUGH	ID	USA	83344
DIRECTOR	ROBERT WILLIAMS	587 NORTH 400 WEST	PAUL	ID	USA	83347

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 35425**	Signature: April Johnson Name (type or print): April Johnson	Date: 03/21/2016 Title: office manager

Processed 03/21/2016

* Electronically provided signatures are accepted as original signatures.