No. C 121326		Due no later than Oct 31, 2015		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. DEVELOPMENT WORKSHOP FOUNDATION, INC. H. ALLEN DIXON 555 W 25TH ST IDAHO FALLS ID 83402		MICHAEL V O'BLENESS 555 W 25TH ST IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
		ess Addresses of Pres	sident, Secretary, and Directors. Treasurer	(ontional)			
Office Held	Name	ess Addresses of Pres	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SHEILA OLS	FN	555 W 25TH STREETI	IDAHO FALLS	ID	USA	83402
DIRECTOR	JOSHUA TO	LMAN	2325 CORONADO STREET	IDAHO FALLS	ID	USA	83404
DIRECTOR	KELLY OVAR	D	585 1ST STREET	IDAHO FALLS	ID	USA	83401
DIRECTOR	CLAY MURD	OCH	618 TROY	IDAHO FALLS	ID	USA	83402
DIRECTOR	NATHAN OLSEN		2105 CORONADO STREET	IDAHO FALLS	ID	USA	83404
DIRECTOR	ECTOR KENT OSEEN		329 S. WOODRUFF	IDAHO FALLS	ID	USA	83401
DIRECTOR	RECTOR PHIL PETERSON		P O BOX 51174	IDAHO FALLS	ID	USA	83405
DIRECTOR	BEVERLEY KEMP		406 N. RIDGE	IDAHO FALLS	ID	USA	83402
DIRECTOR	DR. CHARLES	BOGE	1452 THREE FOUNTAINS	IDAHO FALLS	ID	USA	83404
DIRECTOR TONY LIMA			MELALEUCA 3910 S. YELLOWSTONE HWY	IDAHO FALLS	ID	USA	83402
5. Organized Under	the Laws of:	6. Annual Report mu	st be signed.*				
ID		Signature: H. Allen Dixon Date: 10/21/2015					
C 121326		Name (type or pri	Title: VP Finance				
Processed 10/21/2015		* Electronically provided signatures are accepted as original signatures.					
Processed 10/21/201	.ɔ	" Electronically provid	ueu signatures are accepted as original sign	iatures.			