

|  |                  |   |          |   |         |             |
|--|------------------|---|----------|---|---------|-------------|
| No. <b>C 17784</b>   |                  | Due no later than Mar 31, 2014  |          | 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>Annual Report Form</b><br><b>1. Mailing Address: Correct in this box if needed.</b><br>CUB RIVER IRRIGATION COMPANY<br>BROOKS TARBET<br>BOX 215<br>LEWISTON UT 84320 |          | ELLIS N ROBERTS<br>355 W 4800 S<br>PRESTON ID 83263 |         |             |
|  |                  |   |          | 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 |
| DIRECTOR   | KIM JOHNSON      | 220 N. 400 E.   | LEWISTON | UT  | USA     | 84320       |
| DIRECTOR   | R. DIRK BOWLES   | 1452 W 5600 S   | PRESTON  | ID  | USA     | 83263       |
| DIRECTOR   | BRENT B. GLOVER  | 1841 W 1600 S   | LEWISTON | UT  | USA     | 84320       |
| SECRETARY  | HOWARD D. NELSON | 5433 S 800 E  | PRESTON  | ID  | USA     | 83263       |
| TREASURER  | BROOKS TARBET    | 2090 W. 800 N.  | LEWISTON | UT  | USA     | 84320       |
| DIRECTOR   | JOHN P. DENT     | P.O. BOX 199  | LEWISTON | UT  | USA     | 84320       |
| DIRECTOR   | JASON WESTOVER   | 19 N. 2400 W.   | LEWISTON | UT  | USA     | 84320       |
| DIRECTOR   | TRACY BODILY     | 595 W. 3200 S.  | PRESTON  | ID  | USA     | 83263       |
| PRESIDENT  | DON BALDWIN      | 675 N. MAIN   | LEWISTON | UT  | USA     | 84320       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 17784</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Kara Foster<br>Name (type or print): Kara Foster<br>Date: 03/22/2014<br>Title: Secretary                                |          |   |         |             |
| Processed 03/22/2014   |                  | * Electronically provided signatures are accepted as original signatures.   |          |   |         |             |