

|  |                |   |               |  |         |             |
|--|----------------|---|---------------|--|---------|-------------|
| No. <b>C 18790</b>   |                | <b>Due no later than Oct 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>CO-OP GAS & SUPPLY CO., INC.<br>GEORGE HALEY<br>125 TIBBETTS LANE<br>PONDERAY ID 83852-9754 |               | GEORGE HALEY<br>125 TIBBETTS LANE<br>PONDERAY ID 83852 |         |             |
|  |                |   |               | 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  | HARVEY LIPPERT | 181 SUNNYSIDE CUTOFF RD.  | SANDPOINT     | ID   | USA     | 83864       |
| VICE PRESIDENT   | NEEDIE KENNEDY | PO BOX 83   | SANDPOINT     | ID   | USA     | 83864       |
| SECRETARY  | LIZ ROBINSON   | 1440 DUFORT RD  | SAGLE         | ID   | USA     | 83860       |
| DIRECTOR   | LORI JASMAN    | 5627 BANDY RD   | PRIEST RIVER  | ID   | USA     | 83856       |
| DIRECTOR   | BRIAN MORTER   | 5120 KERR LAKE RD   | BONNERS FERRY | ID   | USA     | 83805       |
| DIRECTOR   | RANDY POELSTRA | 1790 E SHINGLE MILL RD  | SANDPOINT     | ID   | USA     | 83864       |
| DIRECTOR   | CRAIG HUBBARD  | 345 HUBBARD RD  | BONNERS FERRY | ID   | USA     | 83805       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 18790</b>   |                | 6. Annual Report must be signed.*<br>Signature: INGRID WESTRICK<br>Name (type or print): INGRID WESTRICK<br>Date: 09/14/2018<br>Title: CONTROLLER   |               |  |         |             |
| Processed 09/14/2018   |                | * Electronically provided signatures are accepted as original signatures.   |               |  |         |             |