

| | | | | | | |
|--|---------------------|--|------------|--|---------|-------------|
| No. C 176031 | | Due no later than Nov 30, 2014 | | 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. MARTENS FAMILY FOUNDATION, INC. GERALD MARTENS 621 N COLLEGE RD STE 100 TWIN FALLS ID 83301 | | GERALD MARTENS 621 N COLLEGE RD STE 100 TWIN FALLS 83301 | | |
| | | | | 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 | GERALD MARTENS | 621 N COLLEGE RD STE 100 | TWIN FALLS | ID | USA | 83301 |
| DIRECTOR | JUDY MARTENS | 11 E 500 S | JEROME | ID | USA | 83338 |
| DIRECTOR | TARA MARTENS-MILLER | 1048 HARCOURT DR | BOISE | ID | USA | 83702 |
| DIRECTOR | BRIAN MARTENS | 621 N COLLEGE RD STE 100 | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: ID C 176031 | | 6. Annual Report must be signed.* Signature: GERALD MARTENS Name (type or print): GERALD MARTENS Date: 12/16/2014 Title: DIRECTOR | | | | |
| Processed 12/16/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |