

|                                                                                                                                                        |                    |                                                                                                                                                             |            |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 166741</b>                                                                                                                                    |                    | <b>Due no later than May 31, 2013</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>1. Mailing Address: Correct in this box if needed.</b><br><br>NORTH IDAHO WOMEN'S SOFTBALL, INC.<br>LAURA BURGAN<br>402 E 5TH AVE<br>POST FALLS ID 83854 |            | CHARLAYNE STREETER<br>402 E 5TH AVE<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                             |            | 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                                                                                                                                              | CHARLAYNE STREETER | 402 E 5TH AVE                                                                                                                                               | POST FALLS | ID                                                         | USA     | 83854       |  |
| SECRETARY                                                                                                                                              | LAURA BURGAN       | 402 E 5TH AVE                                                                                                                                               | POST FALLS | ID                                                         | USA     | 83854       |  |
| TREASURER                                                                                                                                              | PEGGY ROBERTS      | 402 E 5TH AVE                                                                                                                                               | POST FALLS | ID                                                         | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 166741</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Laura Burgan<br>Name (type or print): Laura Burgan<br>Date: 04/26/2013<br>Title: Officer                    |            |                                                            |         |             |  |
| Processed 04/26/2013                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                   |            |                                                            |         |             |  |