

| No. C 136063 | | Due no later than Oct 31, 2014 Annual Report Form | | 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 | | 1. Mailing Address: Correct in this box if needed. SUSAN T. PARKINSON FOUNDATION, INC. SCOTT A TSCHIRGI 209 WEST MAIN STREET BOISE ID 83702 USA | | SCOTT A TSCHIRGI 209 W MAIN ST BOISE ID 83702 | | | | |
| | | | | | | 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 | SUSAN T PARKINSON | 109 AUDUBON | HAILEY | ID | USA | 83333 | | |
| DIRECTOR | HEATHER J PARKINSON | 109 AUDUBON | HAILEY | ID | USA | 83333 | | |
| DIRECTOR | HILARY A PARKINSON | 109 AUDUBON | HAILEY | ID | USA | 83333 | | |
| 5. Organized Under the Laws of: ID C 136063 | | 6. Annual Report must be signed.* Signature: Scott A. Tschirgi Name (type or print): Scott A. Tschirgi | | | | | | Date: 08/20/2014 Title: Authorized Agent |
| Processed 08/20/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |