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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------|---------|-------------------------|--|
| No. <b>C 188975</b>                                                                                                                                    |                  | <b>Due no later than Nov 30, 2012</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><br>DISTRICT V HIGH SCHOOL RODEO CLUB INC<br>RUTH S PIERCE<br>PO BOX 145<br>TWIN FALLS ID 83303-0145<br>USA |           | RUTH S PIERCE CPA<br>320 MAIN AVE N<br>TWIN FALLS ID 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                                                                                                                                               | TRAVIS JONES     | 355 N 3RD ST                                                                                                                                                                                              | RICHFIELD | ID                                                         | USA     | 83349                   |  |
| TREASURER                                                                                                                                              | HEATHER WILLIAMS | 1173 SOUTH 1700 EAST                                                                                                                                                                                      | GOODING   | ID                                                         | USA     | 83330                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                                         |           |                                                            |         |                         |  |
| <b>ID<br/>C 188975</b>                                                                                                                                 |                  | Signature: Ruth S Pierce                                                                                                                                                                                  |           |                                                            |         | Date: 12/14/2012        |  |
|                                                                                                                                                        |                  | Name (type or print): Ruth S Pierce                                                                                                                                                                       |           |                                                            |         | Title: Registered Agent |  |
| Processed 12/14/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                                 |           |                                                            |         |                         |  |