| No. <b>C 102649</b>   |   | Due no later than Jul 31, 2012 Annual Report Form   |                      | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|---|---|---|----------------------|-----------------|---|---------|-------------|--|
| Return to:  |   |   |                      |                 | DANIEL G CHADWICK                           |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  |   | 1. Mailing Address: Correct in this box if needed.  IDAHO ASSOCIATION OF COUNTIES SERVICES CORPORATION DANIEL G CHADWICK PO BOX 1623 BOISE ID 83701 |                      | BOISE ID        | 700 WEST WASHINGTON BOISE ID 83702          |         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE   |   |   |                      |                 | 3. New Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |   |                      |                 |   |         | 5           |  |
| Office Held   | Name  |   | Street or PO Address | City            | State                                       | Country | Postal Code |  |
| PRESIDENT   | LEE STAKER                                    |   | PO BOX 1623          | BOISE           | ID  | USA     | 83701       |  |
| SECRETARY   | LEN HUMPH                                     |   | PO BOX 1623          | BOISE           | ID  | USA     | 83701       |  |
| DIRECTOR  | ERWIN SON                                     |   | PO BOX 1623          | BOISE           | ID  | USA     | 83701       |  |
| DIRECTOR  | PATTY WEEKS                                   |   | PO BOX 1623          | BOISE           | ID  | USA     | 83701       |  |
| DIRECTOR  | ROBERT MCQUADE PO BOX 1623 BOISE ID USA 83701 |   |                      |                 |   |         | 83701       |  |
| 5. Organized Under the Laws of:   |   | 6. Annual Report must be signed.*   |                      |                 |   |         |             |  |
| ID  |   | Signature: Caitlin Rusche   |                      | Date: 05/09/20  | Date: 05/09/2012                            |         |             |  |
| C 102649  |   | Name (type or print): Caitlin Rusche  |                      | Title: Member   | Title: Member Services Assistant            |         |             |  |
| Processed 05/09/2012 * Electronically provided signatures are accepted as original signatures.                    |   |   |                      |                 |   |         |             |  |