

|  |                |  |             |  |         |                  |  |
|--|----------------|--|-------------|--|---------|------------------|--|
| No. <b>C 181542</b>  |                | <b>Due no later than Jan 31, 2011</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>IDAHO FALLS LACROSSE CLUB, INC.<br>JOSARA WALLBER<br>PO BOX 3500<br>IDAHO FALLS ID 83403<br>USA |             | MARY ERWIN<br>140 N. MORNINGSIDE DR.<br>IDAHO FALLS ID 83402 |         |                  |  |
|  |                |  |             | 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  | JOSARA WALLBER | 140 N. MORNINGSIDE DR.   | IDAHO FALLS | ID   | USA     | 83402            |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |             |  |         |                  |  |
| <b>ID<br/>C 181542</b>   |                | Signature: Josara Wallber  |             |  |         | Date: 01/11/2011 |  |
|  |                | Name (type or print): Josara Wallber   |             |  |         | Title: President |  |
| Processed 01/11/2011   |                | * Electronically provided signatures are accepted as original signatures.  |             |  |         |                  |  |