

|                                                                                                                                                        |                 |                                                                                                                                                                                      |           |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 160505</b>                                                                                                                                    |                 | <b>Due no later than May 31, 2009</b>                                                                                                                                                |           | <b>2. Registered Agent and Address (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>BLACKFOOT USBC ASSOCIATION INC.<br>A MARIE LARSEN<br>702 E 400 N<br>FIRTH ID 83236 |           | A MARIE LARSEN<br>702 E 400 N<br>FIRTH ID 83236    |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                      |           | 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 |  |
| SECRETARY                                                                                                                                              | A. MARIE LARSEN | 702 E. 400 N.                                                                                                                                                                        | FIRTH     | ID                                                 | USA     | 83236       |  |
| PRESIDENT                                                                                                                                              | RAYMOND K UGAKI | PO BOX 631                                                                                                                                                                           | BLACKFOOT | ID                                                 | USA     | 83221-0631  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 160505</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: A. Marie Larsen<br>Name (type or print): A. Marie Larsen<br>Date: 03/16/2009<br>Title: Secretary                                     |           |                                                    |         |             |  |
| Processed 03/16/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                            |           |                                                    |         |             |  |