

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                                                                   |              |                    |             |                               |             |              |            |                      |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|----------------------|--|--|--|--|--|
| No. <b>C113450</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Annual Report Form</b> 1997<br><i>Due No Later Than November 30,</i>                                                                                                                                                  |                                                                                                                                               | 2. Registered Agent and Office <b>NOT A P.O. 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 FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Mailing Address - Please Correct, If Not Correct<br><br><b>IDAHO MIDDLE LEVEL ASSOCIATI</b><br><b>RANDY JENSEN</b><br><b>355 BANNOCK AVE</b><br><b>WILLIAM THOMAS MIDDLE SCHOOL</b><br><b>AMERICAN FALLS ID 83211</b> |                                                                                                                                               | Bev Bradford<br>911 Meridian Street<br>Meridian, ID 83642<br>Meridian School Dist<br><br>3. Organized Under the Laws of:<br><br>ID <b>C113450</b> |              |                    |             |                               |             |              |            |                      |  |  |  |  |  |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)<br><br><table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="text-align:center; height: 100px; vertical-align: middle;"> <i>See Enclosure</i> </td> </tr> </table> |                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                                                                   |              | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <i>See Enclosure</i> |  |  |  |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Name</u>                                                                                                                                                                                                              | <u>Street or P.O. Address</u>                                                                                                                 | <u>City</u>                                                                                                                                       | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |                      |  |  |  |  |  |
| <i>See Enclosure</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                                                                   |              |                    |             |                               |             |              |            |                      |  |  |  |  |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          | 6. <i>+ treasurer</i><br>Signature <u><i>Bev Bradford</i></u> Date <u>9/24/97</u><br>Name <small>(Typed or Printed)</small> _____ Title _____ |                                                                                                                                                   |              |                    |             |                               |             |              |            |                      |  |  |  |  |  |

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

1622

**Idaho Middle Level Association  
Board of Directors  
1997 - 1998**

**President - Steve McRae**

Sagehen Jr. High School  
3610 12th Street  
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School - 743-9436 Fax - 743-9437  
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**Past President - Randy Jensen**

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**President Elect - Elected at March 1998 Conference**

**Northwest Affiliate Representative -**

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**Treasure - Bev Bradford**

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**Region 1 Representative - Bonnie Farmin**

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**Region 2 Representative - Bob Donaldson**

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**Region 3 Representative - Dennis Keogh**

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400 E. Linden Street  
Caldwell, Idaho 83605  
School - 455-3313 Fax - 454-0050

**Region 4 Representative - Christi Thornsberry**

Jerome Middle School  
116 3rd Avenue W.  
Jerome, Idaho 83338  
School - 324-8134 Fax - 324-7458

**Region 5 Representative - Jeff Read**

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**Region 6 Representative - Alan Dunn**

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e-mail - a\_dunn@dns.ida.net