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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 103173</b>                                                                                                                                    |                 | <b>Due no later than Aug 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><br>IDAHO SCHOOL FOR THE DEAF AND THE BLIND<br>FOUNDATION, INC. (THE)<br>714 MAIN ST<br>GOODING ID 83330 |            | J THOMAS JONES<br>714 MAIN ST<br>GOODING ID 83330  |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                       |            | 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                                                                                                                                              | BETH CRAM       | 345 NEBRASKA                                                                                                                                                          | GOODING    | ID                                                 | USA     | 83330       |  |
| TREASURER                                                                                                                                              | J. THOMAS JONES | 714 MAIN                                                                                                                                                              | GOODING    | ID                                                 | USA     | 83330       |  |
| PRESIDENT                                                                                                                                              | PAULA MASON     | 3881 N 2600 E                                                                                                                                                         | TWIN FALLS | ID                                                 | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 103173</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Paula Mason<br>Name (type or print): Paula Mason<br><br>Date: 08/18/2011<br>Title: President                          |            |                                                    |         |             |  |
| Processed 08/18/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                             |            |                                                    |         |             |  |