No. C 84997		Due no l	2. Registered Ag	Registered Agent and Address (NO PO BOX) KARI COOK				
Return to:		Annual Report Form						
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO FALLS SWIM TEAM, INC. JOLENE M CASPARY PO BOX 2004 IDAHO FALLS ID 83403-2004 USA		REXBURG ID	9022 S 400 W REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nar	nes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY TREASURER PRESIDENT	R JOLENE CASPARY		4105 WANDA ST 2154 HOOPES AVE 4977 GEMMETT CREEK RD	IDAHO FALLS IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83406 83404 83401	
5. Organized Under the Laws of: 6 ID C 84997		6. Annual Report must be signed.* Signature: Jolene Caspary Name (type or print): Jolene Caspary				1/12/2011 reasurer		
Processed 11/12/2011 * Electronically provided signatures are accepted as original signatures.								