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|--|----------------|--|---------------|--|---------|-------------|--|
| No. C 44300 | | Due no later than Sep 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO SCHOOL NUTRITION ASSOCIATION, INC. C/O CHIMENE BENSON 620 PARK STREET REXBURG ID 83440 USA | | ANJI BAUMANN 1293 E 2400 S HAGERMAN ID 83332 | | | |
| | | | | 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 | |
| TREASURER | CHIMENE BENSON | 620 PARK STREET | REXBURG | ID | USA | 83440 | |
| SECRETARY | BECKY ELMORE | 816 EAST ELM AVE | COEUR D'ALENE | ID | USA | 83814 | |
| PRESIDENT | KATHY ROWBURY | PO BOX 775 | DRIGGS | ID | USA | 83422 | |
| 5. Organized Under the Laws of: ID C 44300 | | 6. Annual Report must be signed.* Signature: Chimene Benson Name (type or print): Chimene Benson Date: 10/14/2015 Title: Treasurer | | | | | |
| Processed 10/14/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |