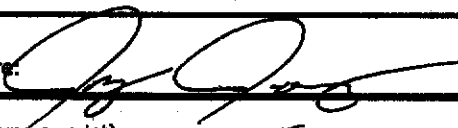


No. <b>C 153775</b> Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Mar 31, 2010</b> <b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO FALLS AREA BABE RUTH BASEBALL LEAGUE, INC.  PO BOX 52207 IDAHO FALLS ID 83405	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> MIKE MORRISSEY 1597 STANGER DR IDAHO FALLS ID 83404  <b>3. New Registered Agent Signature.</b>				
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</b>						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	John Stevenson	PO Box 52207	IDAHO FALLS	ID.	USA	83405
V. PRESIDENT	Michael Whyte	PO Box 52207	IDAHO FALLS	ID.	USA	83405
V. PRESIDENT	CLIFF BRADY	PO Box 52207	IDAHO FALLS	ID.	USA	83405
SECRETARY	Kristy Bialas	PO Box 52207	IDAHO FALLS	ID.	USA	83405
TREASURER	Jay Jones	PO Box 52207	IDAHO FALLS	ID.	USA	83405
<b>5. Organized Under the Laws of:</b>						
IDAHO C 153775		<b>6. Signature:</b> 		<b>Date:</b> 3/24/10		<b>Title:</b> TREASURER
Issued 03/23/2010 by SL1						

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED