

|                                                                                                                                                        |                    |                                                                                                                                                                                            |           |                                                    |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------------------|
| No. <b>C 201593</b>                                                                                                                                    |                    | <b>Due no later than Mar 31, 2017</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>CAMAS COUNTY FAIR ROYALTY PROGRAM, INC<br>TRACEY MARTIN<br>296 E 400 S<br>FAIRFIELD ID 83327 |           | TRACEY MARTIN<br>296 E 400 S<br>FAIRFIELD ID 83327 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                            |           | 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 |
| DIRECTOR                                                                                                                                               | JEAN CHRISTODOULOU | 296 E 400 S                                                                                                                                                                                | FAIRFIELD | ID                                                 | 83327               |
| DIRECTOR                                                                                                                                               | TOM MARTIN         | 296 E 400 S                                                                                                                                                                                | FAIRFIELD | ID                                                 | 83327               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 201593</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Tracey Martin<br>Name (type or print): Tracey Martin<br>Date: 02/03/2017<br>Title: President                                               |           |                                                    |                     |
| Processed 02/03/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |           |                                                    |                     |