No. C 182029	D	Due no later than Feb 28, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form MARIANNE BARKER						
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		20282 HWY 30 BUHL ID 83316 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CASEY CLEM PO BOX 1132	ROTARY CLUB OF BLUE LAKES INC TWIN FALLS CASEY CLEMENTS PO BOX 1132 TWIN FALLS ID 83303-1132 USA						
NO FILING FEE IF	USA							
RECEIVED BY DUE DATE								
4. Corporations: Enter Names and E	usiness Addresses of	President, Secretary, and Directors. Treasure	er (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
TREASURER THERES.			TWIN FALLS	ID	USA	83301		
	CLEMENTS	1732 ELDRIDGE AVE	TWIN FALLS	ID	USA	83301-5703		
PRESIDENT JEFF MO	MURDIE	553 WASHINGTON ST. NORTH	TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of: 6. Annual Repo		rt must be signed.*						
ID	Signature: C	Signature: Casey Clements Date: 12/19			2/19/2013			
C 182029	Name (type o	Name (type or print): Casey Clements			Title: Secretary			
Processed 12/19/2013	* Electronically p	* Electronically provided signatures are accepted as original signatures.						