

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90061 008 \*\*\*150.00

**DOCUMENT # F02000005181**

1. Entity Name

IDAHO NORTHERN & PACIFIC RAILROAD COMPANY



Principal Place of Business

6100 SOUTHWEST BLVD #320  
FORT WORTH, TX 76109-3985

Mailing Address

6100 SOUTHWEST BLVD #320  
FORT WORTH, TX 76109-3985

00000000



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number

82-0464886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BERTEL, RICHARD D
STREET ADDRESS	6100 SW BLVD #320
CITY-ST-ZIP	FORT WORTH, TX 761093985
TITLE	ST
NAME	MATSON, PATTI
STREET ADDRESS	6100 SW BLVD #320
CITY-ST-ZIP	FORT WORTH, TX 761093985
TITLE	D
NAME	BEDUNAH, MARK
STREET ADDRESS	805 FOREST RIDGE DRIVE, SUITE 108
CITY-ST-ZIP	BEDFORD, TX 76022
TITLE	D
NAME	BERTEL, DONALD J
STREET ADDRESS	NO. 8 RIVER BLUFF FARM ROAD
CITY-ST-ZIP	FARMINGTON, MD 63640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brent Burns* / *Brent Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *CONTROLLER*

16 Jan 2006 817-731-7187  
Date Daytime Phone #