

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006641**

1. Entity Name

IDAHO POWER COMPANY**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90007 012 ***150.00

Principal Place of Business

Mailing Address

PO BOX 70
BOISE ID 83707PO BOX 70
BOISE ID 83707-0070

2. Principal Place of Business

1221 W. Idaho Street

Suite, Apt. #, etc.

3. Mailing Address

PO Box 70

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boise Idaho

City & State

Boise Idaho

4. FEI Number

82-0130980

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee RequiredZip
83702Country
USAZip
83707Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, JOSEPH W	
STREET ADDRESS	1221 W. IDAHO AVENUE	
CITY-ST-ZIP	BOISE ID 83702	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete
NAME	PACKWOOD, JAN B	
STREET ADDRESS	1221 W. IDAHO AVENUE	
CITY-ST-ZIP	BOISE ID 83702	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DOUGLAS H	
STREET ADDRESS	1221 W. IDAHO AVENUE	
CITY-ST-ZIP	BOISE ID 83702	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	KEEN, J L	
STREET ADDRESS	1221 W. IDAHO AVENUE	
CITY-ST-ZIP	BOISE ID 83702	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLSON, CLIFFORD N	
STREET ADDRESS	1221 W. IDAHO AVENUE	
CITY-ST-ZIP	BOISE ID 83702	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIAZZI, RICHARD	
STREET ADDRESS	1221 W. IDAHO AVENUE	
CITY-ST-ZIP	BOISE ID 83702	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	please see attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 (209) 388-5244

Date

Daytime Phone #