



**State of Utah**  
 DEPARTMENT OF COMMERCE  
 Division of Corporations & Commercial Code  
 Registration Information Change Form

This form must be type written or computer generated

Non-Refundable Processing Fee: \$12.00

04 AUG 19 08:10:37

RENEWAL 2

1.  Corporation     Limited Liability Company     Limited Partnership     Business Trust  
 DBA     Limited Liability Partnership     Trademark

2. **Entity File Number:** 1177180 - 0140    **Registration Date:** \_\_\_\_\_  
**Entity Name:** Great Western Trail Association, Inc.  
**Business Purpose:** \_\_\_\_\_  
**Registered Agent:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Registered Address:** Address: \_\_\_\_\_  
 Utah Street Address Required, PO Boxes can be listed on the line below the Street Address  
 City: \_\_\_\_\_ State: UT Zip: \_\_\_\_\_  
**Principal Office:** Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Add**  **Name:** Jacob Garn - Treasurer  
**Remove**  **Address:** \_\_\_\_\_  
**Change**  **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Signature (if required):** \_\_\_\_\_

**Add**  **Name:** Caroline Norton - Secretary  
**Remove**  **Address:** \_\_\_\_\_  
**Change**  **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Signature (if required):** \_\_\_\_\_

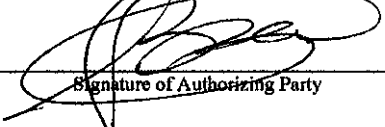
**Add**  **Name:** Craig Norton - Director  
**Remove**  **Address:** \_\_\_\_\_  
**Change**  **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Signature (if required):** \_\_\_\_\_

**Add**  **Name:** Dwight LeRoy Dennis - Director  
**Remove**  **Address:** \_\_\_\_\_  
**Change**  **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Signature (if required):** \_\_\_\_\_

**Add**  **Name:** Sheila Browning - Vice President  
**Remove**  **Address:** \_\_\_\_\_  
**Change**  **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Signature (if required):** \_\_\_\_\_

**Add**  **Name:** \_\_\_\_\_  
**Remove**  **Address:** \_\_\_\_\_  
**Change**  **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Signature (if required):** \_\_\_\_\_

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

BY  Title President Date 8-16-04

Revised 10/03 Under GRAMA [63-2-201], all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.



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 DBA  Limited Liability Partnership  Trademark

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 City: \_\_\_\_\_ State: UT Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2

3.

Add	<input checked="" type="radio"/>	Name: <u>Alex Morris - Director</u> Address: <u>PO Box 205</u> City: <u>Midvale</u> State: <u>UT</u> Zip: <u>84047</u> Signature (if required): _____
Remove	<input type="radio"/>	
Change	<input type="radio"/>	
Add	<input checked="" type="radio"/>	Name: <u>Scott Miller - Director</u> Address: <u>2775 E 4510 S</u> City: <u>Holliday</u> State: <u>UT</u> Zip: <u>84117</u> Signature (if required): _____
Remove	<input type="radio"/>	
Change	<input type="radio"/>	
Add	<input checked="" type="radio"/>	Name: <u>Lyle Gomm - Director</u> Address: <u>299 E 260 S</u> City: <u>Orem</u> State: <u>UT</u> Zip: <u>84058</u> Signature (if required): _____
Remove	<input type="radio"/>	
Change	<input type="radio"/>	
Add	<input checked="" type="radio"/>	Name: <u>Kathe Homer - Secretary</u> Address: <u>1015 E 500 N</u> City: <u>Orem</u> State: <u>UT</u> Zip: <u>84097</u> Signature (if required): _____
Remove	<input type="radio"/>	
Change	<input type="radio"/>	
Add	<input checked="" type="radio"/>	Name: <u>Susan Speirs - Treasurer</u> Address: <u>311 Mutton Hollow Rd</u> City: <u>Kaysville</u> State: <u>UT</u> Zip: <u>84037</u> Signature (if required): _____
Remove	<input type="radio"/>	
Change	<input type="radio"/>	
Add	<input type="radio"/>	Name: <u>Ray Caldwell - Chairman</u> Address: _____ City: _____ State: _____ Zip: _____ Signature (if required): _____
Remove	<input type="radio"/>	
Change	<input checked="" type="radio"/>	

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

BY [Signature] Title President Date 8-16-04  
 Signature of Authorizing Party

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