No. C 88981		Due no later than Mar 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST NAZARENE UNIVERSITY FOUNDATION, INC. MARK J. WHEELER NORTHWEST NAZARENE UNIVERSITY 623 S UNIVERSITY BLVD NAMPA ID 83686		2. Registered Agent and Address (NO PO BOX) JOEL K PEARSALL NORTHWEST NAZARENE UNIVERSITY 623 S UNIVERSITY BLVD. NAMPA ID 83686 3. New Registered Agent Signature:*				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
2000 00 00	mes and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Treasurer ((optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVE HILLS		7870 S. POWERLINE RD	NAMPA	ID	USA	83686	
TREASURER	DAVID TARRANT MARK J. WHEELER		NORTHWEST NAZARENE UNIVERSITY 623 S UNIVERSITY BLVD. NORTHWEST NAZARENE UNIVERSITY 623 S UNIVERSITY BLVD.	NAMPA	ID	USA	83686	
DIRECTOR				NAMPA	ID	USA	83686	
5. Organized Under the Laws of: 6. Annual Report m			t be signed.*					
ID C 88981		Signature: Mark Wheeler		Date: 01/27/2017				
		Name (type or prin	Title: Director					
Processed 01/27/2017	rocessed 01/27/2017 * Electronically provided signatures are accepted as original signatures.							