

No. C 80262		Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MYREL WHEELER 131 E AVE F JEROME ID 83338																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. EL-SHADAI FELLOWSHIP--FULL GOSPEL, INC. 131 E AVE F JEROME ID 83338		3. <u>New</u> Registered Agent Signature.																																				
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</p> <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MYREL WHEELER</td> <td>P.O. BOX 785</td> <td>JEROME</td> <td>ID</td> <td>US</td> <td>83338</td> </tr> <tr> <td>SECRETARY</td> <td>KAREN LOSER</td> <td>1153 IMPERIAL ST</td> <td>TWIN FALLS</td> <td>ID</td> <td>US</td> <td>83301</td> </tr> <tr> <td>ELDER</td> <td>JENEL CHAPMAN</td> <td>500 E. AVE A</td> <td>JEROME</td> <td>ID</td> <td>US</td> <td>83338</td> </tr> <tr> <td>TREASURER</td> <td>MYREL WHEELER</td> <td>P.O. BOX 785</td> <td>JEROME</td> <td>ID</td> <td>US</td> <td>83338</td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	MYREL WHEELER	P.O. BOX 785	JEROME	ID	US	83338	SECRETARY	KAREN LOSER	1153 IMPERIAL ST	TWIN FALLS	ID	US	83301	ELDER	JENEL CHAPMAN	500 E. AVE A	JEROME	ID	US	83338	TREASURER	MYREL WHEELER	P.O. BOX 785	JEROME	ID	US	83338
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																																		
PRESIDENT	MYREL WHEELER	P.O. BOX 785	JEROME	ID	US	83338																																		
SECRETARY	KAREN LOSER	1153 IMPERIAL ST	TWIN FALLS	ID	US	83301																																		
ELDER	JENEL CHAPMAN	500 E. AVE A	JEROME	ID	US	83338																																		
TREASURER	MYREL WHEELER	P.O. BOX 785	JEROME	ID	US	83338																																		
5. Organized Under the Laws of: IDAHO C 80262		6. Signature:  Name (type or print): <u>MYREL WHEELER</u>		Date: <u>01/26/2015</u> Title: <u>PRESIDENT</u>																																				
Issued 01/15/2015 by DK1 129181																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.