| No. <b>C 122920</b>  | D  | 2. Registered Age                           | 2. Registered Agent and Address (NO PO BOX)  |                                     |         |             |  |
|--|--|---|--|-------------------------------------|---------|-------------|--|
| Return to:   |  | Annual Report Form TRACY MCDC               |  |                                     |         |             |  |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.  KOINONIA INTERNATIONAL FELLOWSHIP, INC.  TRACY MCDONALD  4055 E 3RD AVE  POST FALLS ID 83854 |   | NAME OF THE PERSON OF THE PERS | 4055 E 3RD AVE<br>POST FALLS 83854  |         |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  |   |  |                                     |         |             |  |
|  |  |   | 3. <u>New</u> Registered   | 3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                   |  |   |  |                                     |         |             |  |
| 4. Corporations: Enter Names and Bus                       | ness Addresses of  | President, Secretary, and Directors. Treasu | ırer (optional).   |                                     |         |             |  |
| Office Held Name   |  | Street or PO Address                        | City   | State                               | Country | Postal Code |  |
| PRESIDENT CHUCK MI   | SSLER  | P.O. BOX D                                  | COEUR D'ALENE  | ID                                  | USA     | 83816-0347  |  |
| SECRETARY TRACY MO   |  | P.O. BOX D                                  | COEUR D'ALENE  | ID                                  | USA     | 83816-0347  |  |
| DIRECTOR BRIAN HU  | GHES   | P.O. BOX D                                  | COEUR D'ALENE  | ID                                  | USA     | 83816-0347  |  |
| 5. Organized Under the Laws of: 6. Annual Report m         |  | rt must be signed.*                         |  |                                     |         |             |  |
| <b>ID</b> Signature: Tra                                   |  | racy McDonald                               | Date: 02/18/2015   |                                     |         |             |  |
| <b>C 122920</b> Name (type                                 |  | or print): Tracy McDonald                   | Title: Registered Agent  |                                     |         |             |  |
| Processed 02/18/2015                                       | * Electronically provided signatures are accepted as original signatures.  |   |  |                                     |         |             |  |