| No. <b>C 66667</b>   |            | Due no later than May 31, 2018   |                          | 2. Registered    | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|------------|--|--------------------------|------------------|---|---------|-------------|--|
| Return to:   |            | Annual Report Form   |                          | MAUREEN          |   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080   |            | 1. Mailing Address: Correct in this box if needed.  JOHN J. CREEGAN FOUNDATION FOR ST. MARY'S SCHOOL, INC. TIM THOMETZ |                          | BOISE ID         | 4201 WHITEHEAD ST<br>BOISE ID 83703         |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |            | 433 E. STONEWATER CT.<br>EAGLE ID 83616<br>USA   |                          |                  | 3. <u>New</u> Registered Agent Signature:*  |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).  |            |  |                          |                  |   |         |             |  |
| Office Held  | Name       |  | Street or PO Address     | City             | State                                       | Country | Postal Code |  |
| PRESIDENT CHRISTINE R  |            | RUNNING  | 2306 W HERON ST          | BOISE            | ID  | USA     | 83702       |  |
| SECRETARY TIM THOMETZ  |            | 433 E. STONEWATER CT.  | EAGLE                    | ID               | USA   | 83616   |             |  |
| A ALANA CALLA CALL |            |  | 4048 N. NORTHWALL        | BOISE            | ID  | USA     | 83703       |  |
| VICE PRESIDENT   | JON MORRIS | 5  | 802 W BANNOCK SUITE 1100 | BOISE            | ID  | USA     | 83702       |  |
| 5. Organized Under the Laws of:  |            | 6. Annual Report   |                          |                  |   |         |             |  |
| ID<br>C 66667  |            | Signature: Chri  |                          | Date: 08/27/2018 |   |         |             |  |
|  |            | Name (type or  |                          | Title: president |   |         |             |  |
| Processed 08/27/2018 * Electronically provided signatures are accepted as original signatures.   |            |  |                          |                  |   |         |             |  |