

No. C 207631	Due no later than Nov 30, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MIRACLES INC. MIRACLES INC. 639 N FOOTHILL RD IDAHO FALLS ID 83401	BARBARA DESHON 639 N FOOTHILL RD IDAHO FALLS ID 83401
		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
DIRECTOR	JOHNALEE MCDONALD	3785 E 109 N
City	State	Country Postal Code
IDAHO FALLS	ID	83401
5. Organized Under the Laws of: ID C 207631	6. Annual Report must be signed.* Signature: Barbara L DeShon Name (type or print): Barbara L DeShon Date: 10/07/2016 Title: agent	
Processed 10/07/2016 * Electronically provided signatures are accepted as original signatures.		