

No. C 188699	Due no later than Oct 31, 2015 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.		GARY FREEMAN 810 S TWIN PINE DR PINE ID 83647			
	FREEMAN FAMILY INSTITUTE, INC. GARY E FREEMAN 810 S TWIN PINE DR PINE ID 83647 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
DIRECTOR	GARY E FREEMAN	810 S TWIN PINE DR	PINE	ID	USA	83647
DIRECTOR	DENISE FREEMAN	810 S TWIN PINE DR	PINE	ID	USA	83647
DIRECTOR	DANIEL A FREEMAN	863 SO PHEASANT DR	GILBERT	AZ	USA	85296
5. Organized Under the Laws of: ID C 188699	6. Annual Report must be signed.* Signature: Gary E Freeman Name (type or print): Gary E Freeman		Date: 08/21/2015 Title: Director			
Processed 08/21/2015		* Electronically provided signatures are accepted as original signatures.				