No. <b>C 198996</b>		Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		HUI HE					
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			6443 E ESCARPMENT CT				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FALUN DAFA ASSOCIATION OF IDAHO, INC. HUI HE 6443 E ESCARPMENT CT BOISE ID 83716			BOISE ID 83716  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Bus	iness Addresses of	President, Secretary, and Directors. Treasu	urer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
DIRECTOR MICHAEL	FITZGERALD	12372 W LEWISBURG DR	BOISE	ID	USA	83709		
DIRECTOR HUI HE		6443 E ESCARPMENT CT	BOISE	ID	USA	83716		
5. Organized Under the Laws of: 6. Annual Repo		t must be signed.*						
<b>ID</b> Signatu		nature: Michael Fitzgerald			Date: 06/06/2018			
C 198996	Name (type o	Name (type or print): Michael Fitzgerald			Title: Director			
Processed 06/06/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.						