Ex.	INSTRUC	TIONS ON REVERSE SIDE	ISSUED: C	7-05-199	14
No. 14806	Idaho Corpora	tion Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX		
Return To	Due No Later Than November 1.10 ST.  1. Mailing Address — Please Correct, If Not Correct TWIN FALLS STAKE OF THE CHURCH MONTE B. CARLSON		MONTE B. CARLSON 656 MONTE VISTA DR TWIN FALLS ID 83301		
Secretary of State Room 203, Statehouse P.O. BOX 83720					
Boise, ID 83720-0080  * FIRST NOTICE *	.656 MONTE VI	ISTA DR	3. Incorporated Under The Laws of 10		
NO FEE REQUIRED	TWIN FALLS	10.83301.	NO: 14806	*	
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED OF	R TYPED		
	Name	Street or P.O. Address	City	<u>State</u>	Zip
President: MONTE B. CAR Secretary: GORDON CUR Directors: ROBERT F. KIN JOE B. BE	TIS N6	656 MONTEVISTA 641 ASPENWOOD LN. 1816 CAMOLENIDGE DI 1316 Galena DR.	TWIN FALLS TWIN FALLS P. TWIN FALLS TWIN FALLS	OHACI CHACI GHACI	83301 83301 83301 83301 83301
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5. Nature of Business	6. I certify the	a this Annual Report has been exa	amined by me and is to	the best of my	knowledge
CHURCH	Signature Name (Typed or Printed)	Minte B. Carlon	Date Title	7/11/94	