

No. C 182037		Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MIKE LOVETT <i>Matt Claridge</i> 515 SOUTH C STREET 481 Cove Rd GRANGEVILLE ID 83530	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WHISPERING PINES SOUTHERN BAPTIST ASSOCIATION INC. KARON COBURN PO BOX 298 COTTONWOOD ID 83522		3. New Registered Agent Signature. <i>Matthew J. Claridge</i>	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
Secretary	Karon Coburn	1502 Clark St,	Cottonwood,	ID	USA 83522
Treasurer	Karon Coburn	1502 Clark St,	Cottonwood,	ID	USA 83522
Reg. Agent	Matt Claridge	481 Cove Rd,	Grangeville,	ID	USA 83530
5. Organized Under the Laws of:		6.			
IDAHO C 182037		Signature: <i>Matthew J. Claridge</i>		Date: 1/23/16	
		Name (type or print): Matt Claridge		Title: Moderator	
Issued 01/18/2016 by online					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To