

<b>No. C 39895</b>	<b>Due no later than Aug 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  TOM NELSON 1355 S HEIDI PL  MERIDIAN, ID 83642																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable MERIDIAN FIRST BAPTIST CHURCH, A RE  428 WEST PINE AVE  MERIDIAN, ID 83642		3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Chairman</td> <td>Randy Welk</td> <td>1989 W. Snyder Dr</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>Secretary</td> <td>Glen Hasenyager</td> <td>3830 Sea Island Ct.</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>Director</td> <td>Warren Nelson</td> <td>1838 Harris Creek Rd.</td> <td>Star Ranch</td> <td>ID</td> <td>83631</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Chairman	Randy Welk	1989 W. Snyder Dr	Meridian	ID	83642	Secretary	Glen Hasenyager	3830 Sea Island Ct.	Meridian	ID	83642	Director	Warren Nelson	1838 Harris Creek Rd.	Star Ranch	ID	83631
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5. Organized Under the Laws of:  1 IDAHO C 39895		6. Signature <u>Randy M. Welk</u> Date <u>7-14-02</u>  <small>(Typed or Printed)</small> Name _____ Title _____																									