

No. C 30041		Due no later than Jun 30, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY (THE) 4800 WEST 57TH STREET P.O. BOX 5038 SIOUX FALLS SD 57117-5038		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	
PRESIDENT	DAVID JAMES HORAZDOVSKY	4800 WEST 57TH STREET P.O. BOX 5038	SIOUX FALLS	SD	USA	57117-5038	
SECRETARY	THOMAS J. KAPUSTA	4800 WEST 57TH STREET P.O. BOX 5038	SIOUX FALLS	SD	USA	57117-5038	
TREASURER	G. GRANT TRIBBLE	4800 WEST 57TH STREET P.O. BOX 5038	SIOUX FALLS	SD	USA	57117-5038	
DIRECTOR	GWEN WAGSTROM HALAAS	3549 IVY DRIVE	GRAND FORKS	ND	USA	58201	
DIRECTOR	HARALD THEODORE GRINDAL	100 2ND STREET NE UNIT 170	MINNEAPOLIS	MN	USA	55413	
DIRECTOR	LEE O. LAAVEG	4800 WEST 57TH STREET P.O. BOX 5038	SIOUX FALLS	SD	USA	57117-5038	
DIRECTOR	DENNIS DEAN STENE	4200 W. WOODWIND LANE	SIOUX FALLS	SD	USA	57103	
DIRECTOR	SHARON ANNE ST. MARY	347 LEWIS STREET	ST. PAUL	MN	USA	55117	
DIRECTOR	JILL ANN SCHUMANN	45 BLOSSOM LANE	BIGLERVILLE	PA	USA	17307	
DIRECTOR	JOHN ROGER RACEK	11 SAINT ALBANS ROAD EAST	HOPKINS	MN	USA	55305	
DIRECTOR	DINA R. ROBINSON	4800 WEST 57TH STREET P.O. BOX 5038	SIOUX FALLS	NM	USA	57117-5038	
DIRECTOR	CONNIE SUE MARCH-CURTIS	1025 MALLARD LANE	PEOTONE	IL	USA	60568	
DIRECTOR	HEATHER L. KRZMARZICK	3908 WEST 90TH STREET	SIOUX FALLS	SD	USA	57108	
DIRECTOR	DAVID JAMES HORAZDOVSKY	1112 EAST DOVE TRAIL	SIOUX FALLS	SD	USA	57108	
DIRECTOR	MICHAEL JON DEUTH	14272 COTTAGE GROVE DRIVE	BAXTER	MN	USA	56425	
DIRECTOR	PATRICIA L. CAMERO	284 OPIHIKAO WAY	HONOLULU	HI	USA	96825	
5. Organized Under the Laws of: ND C 30041		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks		Date: 05/17/2017 Title: POA			
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.					