No. C 21464 Return to:			ue no later than Jun 30, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form		CONNIE HEI	CONNIE HEIDEMANN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing	Address: Correct in this box if needed.	50 - 100 - 1	464 CARRIAGE LANE N			
		OUR SAVIOR LUTHERAN CHURCH OF TWIN FALLS, INC. PAUL ORTMANN 464 CARRIAGE LN NORTH			TWIN FALLS ID 83301			
		TWIN FALLS ID 83301		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busir	ness Addresses o	f President, Secretary, and Directors. Treasi	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	BEVERLY CI	_AIBORN	3697 N. 3600 E.	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: C		Date: 07/17/2015				
C 21464		Name (type	or print): Connie Heidemann		Title: Treasurer			
Processed 07/17/2015	Processed 07/17/2015 * Electronically provided signatures are accepted as original signatures.							