| No. C 196520 | | Due | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|--|---|---|---|-------------------------|-------------|--|
| Return to: | | Annual Report Form | | | LAURA LANDGRAF 402 S WIDE RIVER RD POST FALLS ID 83854 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. INVISIBLE WOUNDS OF WAR, INC. JOHN LANDGRAF PO BOX 2244 POST FALLS ID 83877 | | POST FALLS | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names a | nd Busines | ss Addresses of P | resident, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held Nam | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR LAURA LANDGRAF DIRECTOR JOHN LANDGRAF DIRECTOR CHRISTOPHER PATRICK | | 402 S WIDE RIVER RD 402 S WIDE RIVER RD 23011 E SETTLER DR | POST FALLS POST FALLS LIBERTY LAKE | ID ID WA | USA USA USA | 83854 83854 99019 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 196520 | | Signature: John R Landgraf | | D | Date: 09/26/2013 | | | |
| | | Name (type or | Т | Title: Vice President | | | | |
| Processed 09/26/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |