

No. C 139013		Due no later than May 31, 2011 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. NEW LIFE MISSIONS INC. KAREN S KEMMER P.O. BOX 1017 SPIRIT LAKE ID 83869		KAREN KEMMER 4601 SPIRIT LAKE CUTOFF RD SPIRIT LAKE ID 83869			
						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	
DIRECTOR	TIM DOLPH	P.O. BOX 544	SPIRIT LAKE	ID	USA	83869	
DIRECTOR	RUTH SMITH	P.O. BOX 728	SPIRIT LAKE	ID	USA	83869	
DIRECTOR	DUANE C KEMMER	P.O. BOX 1017	SPIRIT LAKE	ID	USA	83869	
5. Organized Under the Laws of: ID C 139013		6. Annual Report must be signed.* Signature: Karen S Kemmer Name (type or print): Karen S Kemmer					
		Date: 04/15/2011 Title: Secretary/treasurer					
Processed 04/15/2011		* Electronically provided signatures are accepted as original signatures.					