


No. W 23223	Due no later than Mar 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARGARET A WUELFING 99 FOREST DR BOISE ID 83716
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MCE, MISSION CENTERED EDUCATION, RESEARCH, AND RETREATWORK, LLC 99 FOREST DR BOISE ID 83716		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> MARGARET A WUELFING 99 FOREST DR BOISE ID USA 83716			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 23223 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): MARGARET A WUELFING </div> <div> Date: 4/6/2013 Title: DIRECTOR/MANAGER </div> </div>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM