| No. <b>C 97736</b>   |                     | Due no later than Feb 28, 2013  |   | 2. Registered A        | 2. Registered Agent and Address (NO PO BOX)              |         |             |  |
|--|---------------------|---|---|------------------------|--|---------|-------------|--|
| Return to:   |                     | Annual Report Form  |   |                        | JEFFREY A WAGNER 511 LAKE CASCADE PRKWY CASCADE ID 83611 |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                     | 1. Mailing Address: Correct in this box if needed.  |   |                        |  |         |             |  |
|  |                     | CASCADE FAMILY WORSHIP CENTER CHURCH, INC.<br>CASCADE FAMILY JEFFREY WAGNER<br>PO BOX 178<br>CASCADE ID 83611-0178<br>USA |   | CASCADE IL             |  |         |             |  |
|  |                     |   |   | 3. <u>New</u> Register | 3. New Registered Agent Signature:*                      |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                     |   |   |                        |  |         |             |  |
| 4. Corporations: Enter Na  | mes and Busin       | ess Addresses o   | of President, Secretary, and Directors. Treas | surer (optional).      |  |         |             |  |
| Office Held  | Name                |   | Street or PO Address                          | City                   | State  | Country | Postal Code |  |
| PRESIDENT JEFFREY A  |                     | WAGNER  | 1918 GOLD DUST RD                             | CASCADE                | ID   | USA     | 83611       |  |
| SECRETARY DALE WILLIA  |                     | AMS   | BOX 364                                       | CASCADE                | ID   | USA     | 83611       |  |
| TREASURER  | REASURER DALE LOOMI |   | BOX 792                                       | DONNALLY               | ID   | USA     | 83615       |  |
| DIRECTOR DOLLY WOL   |                     | VERTON  | BOX 295                                       | CASCADE                | ID   | USA     | 83611       |  |
| DIRECTOR   | PAUL OGBUF          | RN  | BOX190  | CASCADE                | ID   | USA     | 83611       |  |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report must be signed.*   |   |                        |  |         |             |  |
| ID   |                     | Signature: J  | leffrey Wagner                                |                        | Date: 02/20/2013   |         |             |  |
| C 97736  |                     | Name (type  |   | Title: President       |  |         |             |  |
| Processed 02/20/2013 * Electronically provided signatures are accepted as original signatures. |                     |   |   |                        |  |         |             |  |