

REINSTATEMENT

INSTRUCTIONS ON REVERSE SIDE

| No. | Idaho Corporation Annual Report Form Due No Later Than November 1, 1989 | | 2. Registered Agents and Office 3707 14TH STREET | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|-------|------|------------------------|------|-------|-----|---------------------------|-------------|----------|----|-------|--------------------------|-------------|---|---|---|------------|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse Boise ID 83720 * FINAL NOTICE SEC. OF STATE NO FEE REQUIRED 30 JAN 4 AM 1989 30 FEB 22 AM 8 30 | Mailing Address: Please Correct GOOD SHEPHERD LUTHERAN CHURCH OF C. E. WALLER LARRY HAAPANEN 3707 14TH ST LEWISTON IDAHO ID 83501 (GOOD SHEPHERD LUTHERAN CHURCH OF LEWISTON) | | LEWISTON ID 83501 (C.E. WALLER) 3. Incorporated Under The Laws of NO: 46620 | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: LARRY HAAPANEN</td> <td>1826 Powers</td> <td>Lewiston</td> <td>Id</td> <td>83501</td> </tr> <tr> <td>Secretary: BARBARA DODGE</td> <td>3811 - 14th</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Name | Street or P.O. Address | City | State | Zip | President: LARRY HAAPANEN | 1826 Powers | Lewiston | Id | 83501 | Secretary: BARBARA DODGE | 3811 - 14th | " | " | " | Directors: | | | | |
| Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | |
| President: LARRY HAAPANEN | 1826 Powers | Lewiston | Id | 83501 | | | | | | | | | | | | | | | | | | | | |
| Secretary: BARBARA DODGE | 3811 - 14th | " | " | " | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business Church | | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature: Gail C. Waller Name (Typed or Printed): GAIL C. WALLER Date: 12/31/89 Title: Fin. Secy. | | | | | | | | | | | | | | | | | | | | | | |