

No. C 10260

**Annual Report Form**  
Due No Later Than November 30, 1995

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:  
**SECRETARY OF STATE**  
**700 WEST JEFFERSON**  
**PO BOX 83720**  
**BOISE, ID 83720-0080**

**NO FEE REQUIRED**

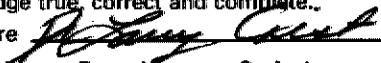
1. Mailing Address - Please Correct, If Not Correct

**CHRISTIAN CHURCH (DISCIPLES****DR. LARRY CRIST**  
**4900 N FIVE MILE****DR. LARRY CRIST**  
**4900 NORTH FIVE MILE****BOISE ID 83713****\* FIRST NOTICE \* BOISE ID 83713 10260**4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **Members** (check one)

<b>Office held</b>	<b>Name</b>	<b>Street or P.O. Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Moderator	Jani DeMond	2323 Sylvan Drive	Caldwell	ID	83605
Vice Moderator	Roger Bray	918 E. Center	Pocatello	ID	83201
Secretary	Lorraine Stevens	553 Jackson	Twin Falls	ID	83301
Treasurer	Gary Smith	1124 S Roosevelt	Boise	ID	83705

5. **NATURE OF BUSINESS****RELIGION**

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  Date 7/17/96Name (Typed or Printed) Dr. Larry Crist Title Regional Pastor

ISSUED: 07-05-1995

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