

No. C 188699		Due no later than Oct 31, 2018 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. FREEMAN FAMILY INSTITUTE, INC. GARY E FREEMAN 810 S TWIN PINE DR PINE ID 83647		GARY FREEMAN 810 S TWIN PINE DR PINE ID 83647			
						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	GARY E FREEMAN	810 S TWIN PINE DR	PINE	ID	USA	83647	
DIRECTOR	DENISE FREEMAN	810 S TWIN PINE DR	PINE	ID	USA	83647	
DIRECTOR	DANIEL A FREEMAN	2879 MESA AVE	GRAND JUNCTION	CO	USA	81501-5085	
5. Organized Under the Laws of: ID C 188699		6. Annual Report must be signed.* Signature: Gary E. Freeman Name (type or print): Gary E. Freeman					
		Date: 08/24/2018 Title: Director					
Processed 08/24/2018		* Electronically provided signatures are accepted as original signatures.					