No. C 150382	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014				2. Registered Agent and Office (NOT A P.O. BOX) DANIEL M JOHNSON 404 OAK ST NEZPERCE ID 83543		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ST. JOHN'S LUTHERAN CHURCH OF NEZPERCE, INC. DAN JOHNSON PO BOX 36						
REINSTATEMENT FEE	NEZPERCE ID 83543				3. <u>New</u> Registered Agent Signature.		
DUE: \$30.00							
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.  Office Held Name Street or PO Address City State Country Postal Code							
Chair	Kelby Heartburg	604 Pine	Nezperce		ſD		83543
Director I	Liz Hess	103 3rd Ave	Nezperce		ID		83543
Director	Gayle Foster	511 Walnut St	Nezperce		מו		83543
Director	Cheryl Walsh	2560 Waters Rd	Nezperce		ΙD		83543
Treasurer D	Treasurer Daniel M Johnson 602 Pine St Nezperce				ID		83543
5. Organized Under the La IDAHO C 150382	Signati	(type or print): aniel M Johnson,	a John	- N	) v~	Dat / Title Tre	44/14
Issued 12/05/2014 by onli	10						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM