

|                                                                                                                                                        |                 |                                                                                                                                                      |      |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 26452</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2016</b>                                                                                                                |      | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LITTLE LOST RIVER BIBLE CHURCH, INC.<br>KEITH STAYMAN<br>PO BOX 33<br>HOWE ID 83244 |      | KEITH STAYMAN<br>1514 HWY 22<br>HOWE ID 83244      |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                      |      | 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 |  |
| SECRETARY                                                                                                                                              | ANN LAGOMARSINO | 4008 N 1800 W                                                                                                                                        | HOWE | ID                                                 | USA     | 83244-8324  |  |
| TREASURER                                                                                                                                              | (PAIGE) MCAFFEE | 1293 W 3700 N                                                                                                                                        | HOWE | ID                                                 | USA     | 83244-8324  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 26452</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Keith Stayman<br>Name (type or print): Keith Stayman                                                 |      |                                                    |         |             |  |
|                                                                                                                                                        |                 | Date: 01/27/2016<br>Title: Pastor                                                                                                                    |      |                                                    |         |             |  |
| Processed 01/27/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                            |      |                                                    |         |             |  |