No. C 207870		Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. SALVATION'S WELL, INC. PO BOX 3462 POST FALLS ID 83877		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 SALVATION'S WEL PO BOX 3462			HAROLD HOWARD 402 E RAILROAD AVE APT A POST FALLS ID 83854 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and B	ısiness Addresses of Pres	ident, Secretary, and Directors. Treasu	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR LISA D'A	ECTOR LISA D'AQUILA		POST FALLS SNOQUALMIE POST FALLS	ID WA ID	USA	83877 98065 83877	
5. Organized Under the Laws of: 6. Annual Report mus		st be signed.*					
ID C 207870				Date: 11/12/2016 Title: Director			
Processed 11/12/2016	* Electronically provid	* Electronically provided signatures are accepted as original signatures.					