No. C 94304		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form		KARL LEWIES 615 EAST 4TH NORTH ST ANTHONY ID 83445					
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.							
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		MOUNTAIN SCHOOL OF PHILOSOPHY, INC. KARL LEWIES PO BOX 448							
		ST ANTHONY ID 83445			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Tr	easurer ((optional).				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
DIRECTOR	PAT SMITH		441 S. 1ST E.		SAINT ANTHONY	ID	USA	83445	
SECRETARY JUDITH G LE		EWIES	PO BOX 448		SAINT ANTHONY	ID	USA	83445	
PRESIDENT	KARL H. LEV	VIES	PO BOX 448		SAINT ANTHONY	ID	USA	83445	
5. Organized Under the Laws of:		6. Annual Report must	: be signed.*						
ID		Signature: Karl H. Lewies		Date: 11/07/2011					
C 94304		Name (type or print): Karl H. Lewies		Title: President					
Processed 11/07/2011		* Electronically provided signatures are accepted as original signatures.							