

No. <b>C 126514</b>		Due no later than Dec 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ORPHANAGE SUPPORT SERVICES ORGANIZATION, INC. MICHAEL LEHMAN PO BOX 345 REXBURG ID 83440		CORBET MISKIN 3456 E 17TH ST STE 140 IDAHO FALLS ID 83406		
				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	REX HEAD	P.O. BOX 345	REXBURG	ID	USA	83440
DIRECTOR	MELODIE HEAD	P.O. BOX 345	REXBURG	ID	USA	83440
DIRECTOR	JESSE SORENSON	P.O. BOX 345	REXBURG	ID	USA	83440
PRESIDENT	CORBET MISKIN	P.O. BOX 345	REXBURG	ID	USA	83440
DIRECTOR	MIKE LARSEN	P.O. BOX 345	REXBURG	ID	USA	83440
SECRETARY	AMY L PULSIPHER	P.O. BOX 345	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>ID C 126514</b>		6. Annual Report must be signed.* Signature: Michael Lehman Name (type or print): Michael Lehman Date: 11/09/2015 Title: Managing Director				
Processed 11/09/2015		* Electronically provided signatures are accepted as original signatures.				