

No. C 162364	Due no later than Sep 30, 2009 Annual Report Form	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: Correct in this box if needed. NORTHSTAR BAPTIST CHURCH, INC. L SCOTT HANBERRY 1602 W APPLEWAY AVE COEUR D ALENE ID 83814	THOMAS M MASEE 1602 W APPLEWAY AVE COEUR D'ALENE ID 83814																																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*																																										
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>DIRECTOR</td> <td>GLENN LAND</td> <td>1919 LAKESIDE AVENUE</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>USA</td> <td>83814</td> </tr> <tr> <td>PRESIDENT</td> <td>GARY N BROWN</td> <td>1602 W. APPLEWAY AVE.</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>USA</td> <td>83814</td> </tr> <tr> <td>SECRETARY</td> <td>SHARI LEAVITT</td> <td>4055 N PLAYER DRIVE</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>USA</td> <td>83815</td> </tr> <tr> <td>DIRECTOR</td> <td>TIM JOHNSTON</td> <td>3616 SHERWOOD DRIVE</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>USA</td> <td>83815</td> </tr> <tr> <td>DIRECTOR</td> <td>JEREMY SCOTT</td> <td>1361 E WESTDALE DR</td> <td>HAYDEN</td> <td>ID</td> <td>USA</td> <td>83835</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	DIRECTOR	GLENN LAND	1919 LAKESIDE AVENUE	COEUR D'ALENE	ID	USA	83814	PRESIDENT	GARY N BROWN	1602 W. APPLEWAY AVE.	COEUR D'ALENE	ID	USA	83814	SECRETARY	SHARI LEAVITT	4055 N PLAYER DRIVE	COEUR D'ALENE	ID	USA	83815	DIRECTOR	TIM JOHNSTON	3616 SHERWOOD DRIVE	COEUR D'ALENE	ID	USA	83815	DIRECTOR	JEREMY SCOTT	1361 E WESTDALE DR	HAYDEN	ID	USA	83835		
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5. Organized Under the Laws of: ID C 162364	6. Annual Report must be signed.* Signature: Thomas M Magee Name (type or print): Thomas M Magee Date: 07/20/2009 Title: Administrator																																											
Processed 07/20/2009		* Electronically provided signatures are accepted as original signatures.																																										