No. **C 120384**	**Due no later than Aug 31, 2009**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** LUTHERAN ACADEMY OF THE MASTER, INC. NORA PIERCE 4800 N RAMSEY RD COEUR D ALENE ID 83815	RUTH MARTINEK 4800 N RAMSEY RD COEUR D'ALENE ID 83815 3. New 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	SHELLY MATTHEWS	4800 N. RAMSEY ROAD	COEUR D'ALENE	ID	USA	83815
DIRECTOR	DAVID KAPPUS	4800 N. RAMSEY ROAD	COEUR D'ALENE	ID	USA	83815
DIRECTOR	KURT WANDREY	4800 N. RAMSEY ROAD	COEUR D'ALENE	ID	USA	83815
PRESIDENT	LEE MAGNUS	4800 N. RAMSEY RD.	COEUR D'ALENE	ID	USA	83815
DIRECTOR	GREG KARNEY	4800 N. RAMSEY RD.	COEUR D'ALENE	ID	USA	83815
SECRETARY	VALERIE VANDERPOOL	4800 N. RAMSEY RD.	COEUR D'ALENE	ID	USA	83815
TREASURER	BILL WIENERS	4800 N. RAMSEY RD.	COEUR D'ALENE	ID	USA	83815
DIRECTOR	MAREN SNYDERS	4800 N. RAMSEY RD.	COEUR D'ALENE	ID	USA	83815
DIRECTOR	LEE ELY	4800 N. RAMSEY RD.	COEUR D'ALENE	ID	USA	83815
DIRECTOR	PATRICIA HOLST	4800 N. RAMSEY RD.	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Nora Pierce	Date: 08/31/2009
C 120384	Name (type or print): Nora Pierce	Title: Financial Manager
Processed 08/31/2009	* Electronically provided signatures are accepted as original signatures.	