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idaho Corporation Annual Report Form		2. Registered Agent	2. Registered Agent and Office NOT A P.O. BOX		
		435 4TH AVE	TWIN FALLS TO 83301		
TABERNACI	NACLE OF TWIN FALLS, INC.	TWIN FALLS			
*		of ID NO: 46719	er The Laws		
icers and Directors	MUST BE PRINTED	OR TYPED			
Name	Street or P.O. Address	City	State	<u>Zip</u>	
IEEN	P.O. Box 2006	TWIN FALLS	Fδ	9350/	
BRACKMAN	592 S. Locust	TWIN FALLS	ID	8330/	
STEEN	435 4th AVE E.	TWIN FALLS	ID	8330/	
true, Signati	correct and complete.	Date	2700	ny knowledge	
	TABERNACI ROGER L. 435 4TH A TWIN FALL icers and Directors Name BRACKMAN STEEN 6.1 cert true, Skanste	TABERNACLE OF TWIN FALLS, INC. ROGER L. STEEN 435 4TH AVENUE EAST TWIN FALLS Name Street or P.O. Address FEEN A35 4TH AVENUE BRACKMAN 592 S. Locust 6. I certify that this Annual Report has been entrue, correct and complete.	Due No Later Than November 1, 1993 I Mailing Asilina	TABERNACLE OF TWIN FALLS, INC. ROGER L. STEEN 435 4TH AVENUE EAST TWIN FALLS TWIN FALLS TWIN FALLS TO 83301 NO: 46719 Icers and Directors Name Street or P.O. Address F.O. Box Zoolo TWIN FALLS TWIN FALLS TWIN FALLS TO 83301 NO: 46719 THEN THEN TO BE PRINTED OR TYPED Name Street or P.O. Address TWIN FALLS TO BEACKMAN TO STEEN 435 4TH AVE F. TWIN FALLS TO State TWIN FALLS TO State TWIN FALLS TO State TWIN FALLS TO STEEN A35 4TH AVE F. TWIN FALLS TO STEEN A35 4TH AVE F. TWIN FALLS TO STEEN A35 4TH AVE F. TWIN FALLS TO Date Z 2 AM Signature TO Date Z 2 AM Da	