| | >1 | | Report Form Than November 30, | 2. Registered | Agent and Office N | IOT A P.O. BOX |
|---|---|---|--|--------------------|---------------------------------|----------------|
| eturn to: SECRETARY OF STA 700 WEST JEFFERS | ATE CA. | ng Address - Please C | Correct, If Not Correct | 4848 | N. FIVE | |
| PO BOX 83720 BOISE, ID 83720-008 | RE | REECE D. THEOBALD 4848 NORTH FIVE MILE RD. | | 30185 | : | D 83704 |
| NO FEE REQUIRE | .D | | | 3. Organized | 3. Organized Under the Laws of: | |
| * FINAL NOT | TICE ** 80 | ISE | ID 83713 | IO | C | 63461 |
| | er Names and Address ompanies: Enter Names | | | embers (check one) | | : |
| Office held | Name | Street o | or P.O. Address | City | State | <u>Zip</u> |
| President | Mary Kaye I | | . Fairview 151 | meridia | n Id | 83642 |
| | | | | | | · |
| | | 6 certify that | t this Annual Report has | heen examined hy | me and is to the | hest of my |
| NATURE OF | BUSINESS | knowledge | t this Annual Report has true, correct and comple | te. | ' | |
| NATURE OF | BUSINESS | knowledge Signature | true, correct and comple | ote. | ate <u>11/20</u> | 196 |
| CHURCH | BUSINESS | knowledge Signature | true, correct and comple | ote. | ' | 196 |
| NATURE OF | BUSINESS | knowledge Signature | true, correct and comple | ote. | ate <u>11/20</u> | 196 |
| CHURCH | 40-05-4004 | knowledge Signature | true, correct and comple | ote. | ate <u>11/20</u> | 196 |
| CHURCH | 40-05-4004 | knowledge Signature | true, correct and comple | ote. | ate <u>11/20</u> | 196 |