No. C 183878		Due no later than Jul 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHIRL BOBST			
SECRETARY OF STATE	1. M	1. Mailing Address: Correct in this box if needed. SOUTH AMERICAN MISSION SERVICES, INC. SAM SULLINS 1023 W HOMEDALE ROAD CALDWELL ID 83607		950 HOMEDALE RD CALDWELL ID 83607			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SAM			CALDWELL ID 65007			
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names an	d Business Addre	sses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	IEL P SULLINS	1023 W. HOMEDALE ROAD	CALDWELL	ID	USA	83607	
	ARINE M SULLI		DONNELLY	ID	USA	83607	
DIRECTOR SHIRL	. BOBST	950 HOMEDALE RD	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*					
ID S		Signature: Samuel P. Sullins Date: 06/23/2011					
C 183878	Name	Name (type or print): Samuel P. Sullins Title: D			Director		
Processed 06/23/2011 * Electronically provided signatures are accepted as original signatures.							