

No. C 33873	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX DALE E SMITH 1885 E HORSEHAVEN POST FALLS ID 83854
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct FALLS FULL GOSPEL TABERNACLE DALE E SMITH 1885 E HORSEHAVEN	3. Organized Under the Laws of: ID C 33870
* FIRST NOTICE * POST FALLS ID 83854		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
PRESIDENT	DALE E. SMITH	2320 GRACIE WAY
SECRETARY	LEZLEE S. MAYO	1205 S. PENNY LANE
DIRECTORS:	CHARLES KIES	2250 MEYER ROAD
	STEVE JENKINS	16855 N CIRCLE S. TRAIL
	JERRY MARCHBANKS	S. 1625 SCHILLINGS LOOP
	HAROLD LAYSON	940 E. PRAIRIE
	WALT COY	3795 HOLMES COURT
<u>City</u>	<u>State</u>	<u>Zip</u>
POST FALLS	ID	83854
POST FALLS	ID	83854
POST FALLS	ID	83854
RATHDRUM	ID	83858
POST FALLS	ID	83854
COEUR D'ALENE	ID	83814
COEUR D'ALENE	ID	83814
5. NATURE OF BUSINESS SALVATION OF SOULS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Dale E. Smith</i></u> Date <u>7/16/96</u> Name (Typed or Printed) <u>DALE E. SMITH</u> Title <u>PASTOR/PRESIDENT</u>

ISSUED: 07-06-1996

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