No. **W 181852**	**Due no later than Apr 30, 2018** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** FATHER SON MINISTRY CAMP LLC BILL RAPIER 217 CEDAR ST PMB 404 SANDPOINT ID 83864	REGISTERED AGENTS INC 784 S CLEARWATER LOOP STE R POST FALLS ID 83864-8386 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	WILLIAM R RAPIER	217 CEDAR STREET PMB 404	PRIEST RIVER	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 181852**	Signature: William Rapier	Date: 02/28/2018
	Name (type or print): William Rapier	Title: Owner

Processed 02/28/2018

* Electronically provided signatures are accepted as original signatures.