

No. C 94304		Due no later than Jan 31, 2011 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. MOUNTAIN SCHOOL OF PHILOSOPHY, INC. KARL LEWIES PO BOX 448 ST ANTHONY ID 83445		KARL LEWIES 615 EAST 4TH NORTH ST ANTHONY ID 83445			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PAT SMITH	441 S. 1ST E.	SAINT ANTHONY	ID	USA	83445	
SECRETARY	JUDITH G LEWIES	PO BOX 448	SAINT ANTHONY	ID	USA	83445	
PRESIDENT	KARL H. LEWIES	PO BOX 448	SAINT ANTHONY	ID	USA	83445	
5. Organized Under the Laws of: ID C 94304		6. Annual Report must be signed.* Signature: Karl H. Lewies Name (type or print): Karl H. Lewies					
		Date: 11/30/2010 Title: President					
Processed 11/30/2010 * Electronically provided signatures are accepted as original signatures.							