No. <b>C 41674</b>		Due no later than Nov 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHELLE CLARK 317 MOUNTAIN VIEW LANE				
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 VIEW CHRISTIAN CENTER A/G, INC. JIM POWELL 317 MOUNTAIN VIEW LN BURLEY ID 83318			BURLEY ID 83318  3. New Registered Agent Signature:*			
4. Corporations: Enter Names a	nd Busine	ess Addresses of Presiden	t, Secretary, and Directors. Treas	surer (	optional).			
Office Held Nam	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR PATRICIA MI		ERRILL	150 EAST 22 SOUTH		BURLEY	ID	USA	83318
	POWELL		500 EAST 19TH STREET		BURLEY	ID	USA	83318-6603
Freasurer Ron Setser		₹	604 E. 200 S.		BURLEY	ID	USA	83318-6603
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 41674		Signature: Jim Powell			Date: 10/25/2016			
		Name (type or print): Jim Powell			Title: President			
Processed 10/25/2016	* Electronically provided signatures are accepted as original signatures.							