	INSTRU	UCTIONS ON REVER	RSE SIDE	ISSUED JULY	
No. 69019 Idaho Corpo		ration Annual Report Form		2. Registered Agent and Office	
Return To  Secretary of State  Room 203, Statehouse	1. Mailing Address — PRIEST RIVER T.J. CALVIN	SOUTHERN B	69019		ID 8385
SEC. OF STATE  NO FEE REQUIRED  NOIL 2 AM 9 22	ROUTE 1, BOX PRIEST RIVER	544-A	83856	3. Incorporated Unde of IDAHO	r The Laws
9 NUU Z III 3 ZZ 4. Names and Addresses of Office	ers and Directors		·		
1100000111.	th	Po Box  Po Box  R+2 Box	544A 391 " 995	Priest River, I Priest River, I Priest River, I Oldtown, Ida	11 11 11 83 856 11 83 856
5. Nature of Business	6. I certify true, cor	that this Annual Re rect and pamplete.	port has been	examined by me and is to t	he best of my knowledge
Church	Signature	XC1 DOL			0-30-89
	Name Prime	(12).C.BR	own_	Title -	REASURE