

No. C 181692	Due no later than Jan 31, 2014 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. RISEN WITH THE SON MINISTRIES, INCORPORATED JAMES S SCHLOSS 3322 DENT BRIDGE RD OROFINO ID 83544 USA	JAMES S SCHLOSS 9789 DENT BRIDGE RD OROFINO ID 83544 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
PRESIDENT	STEVE S SCHLOSS	9789 DENT BRIDGE RD	OROFINO	ID	USA	83544
SECRETARY	KIMBERLY L HARALSON	1100 DENT BRIDGE RD	OROFINO	ID	USA	83544
DIRECTOR	GLORIA S SCHLOSS	9789 DENT BRIDGE RD	OROFINO	ID	USA	83544
TREASURER	STACI L RAINS	3322 DENT BRIDGE ROAD	OROFINO	ID	USA	83544
5. Organized Under the Laws of: ID C 181692	6. Annual Report must be signed.* Signature: Staci Rains Name (type or print): Staci Rains		Date: 01/31/2014 Title: Treasurer			
Processed 01/31/2014		* Electronically provided signatures are accepted as original signatures.				