

No. <b>C 88981</b>		Due no later than Mar 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> NORTHWEST NAZARENE UNIVERSITY FOUNDATION, INC. JOEL K. PEARSALL NORTHWEST NAZARENE UNIVERSITY 623 HOLLY STREET NAMPA ID 83686 USA		GARY SKAGGS 623 HOLLY NAMPA ID 83686			
				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	
SECRETARY	KATHY BRASHEAR	ALLIANCE TITLE & ESCROW CORP. 380 E. PARKCENTER BLVD., STE.1	BOISE	ID	USA	83706	
TREASURER	DAVE PETERSON	NORTHWEST NAZARENE UNIVERSITY 623 HOLYL STREET	NAMPA	ID	USA	83686	
DIRECTOR	JOEL K. PEARSALL	NORTHWEST NAZARENE UNIVERSITY 623 HOLLY STREET	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID C 88981</b>		6. Annual Report must be signed.* Signature: Joel K. Pearsall Name (type or print): Joel K. Pearsall					
		Date: 01/23/2009 Title: Executive Director					
Processed 01/23/2009		* Electronically provided signatures are accepted as original signatures.					