

| No. <span style="font-size: 1.5em;">C 30000</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Annual Report Form</b><br>Due No Later Than November 30, 1997                                                                                                          | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br>PASTOR BOGDAN CAMILOVIC<br>214 N 2ND ST<br>OSBURN ID 83849 |                    |              |                               |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------|--------------|-------------------------------|-------------|--------------|------------|---------------|---------------|------------------------|--|--|--|--|--|-------|--|--|--|-------------|--------------------------|---------|---------------|--|-------|-------------|---------------|---------|---------------|--|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><b>NO FEE REQUIRED</b><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address - Please Correct, If Not Correct<br>GRACE EVANGELICAL FREE CHURCH<br>SECRETARY<br>P. O. BOX 705<br>OSBURN ID 83849                                     | 3. Organized Under the Laws of:<br>ID C 36669                                                                      |                    |              |                               |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                           |                                                                                                                    |                    |              |                               |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 25%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Chairman-----</td> <td>H.B. Keebaugh</td> <td>Box 656, Mullan, Idaho</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>83846</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary--</td> <td>Mrs. Lucille M. Keebaugh</td> <td>Box 656</td> <td>Mullan, Idaho</td> <td></td> <td>83846</td> </tr> <tr> <td>Trustee----</td> <td>H.B. Keebaugh</td> <td>Box 656</td> <td>Mullan, Idaho</td> <td></td> <td>83846</td> </tr> </tbody> </table> |                                                                                                                                                                           |                                                                                                                    | <u>Office held</u> | <u>Name</u>  | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | Chairman----- | H.B. Keebaugh | Box 656, Mullan, Idaho |  |  |  |  |  | 83846 |  |  |  | Secretary-- | Mrs. Lucille M. Keebaugh | Box 656 | Mullan, Idaho |  | 83846 | Trustee---- | H.B. Keebaugh | Box 656 | Mullan, Idaho |  | 83846 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Name</u>                                                                                                                                                               | <u>Street or P.O. Address</u>                                                                                      | <u>City</u>        | <u>State</u> | <u>Zip</u>                    |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
| Chairman-----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | H.B. Keebaugh                                                                                                                                                             | Box 656, Mullan, Idaho                                                                                             |                    |              |                               |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                           | 83846                                                                                                              |                    |              |                               |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
| Secretary--                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mrs. Lucille M. Keebaugh                                                                                                                                                  | Box 656                                                                                                            | Mullan, Idaho      |              | 83846                         |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
| Trustee----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H.B. Keebaugh                                                                                                                                                             | Box 656                                                                                                            | Mullan, Idaho      |              | 83846                         |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. Signature <u>Mrs. Lucille M. Keebaugh</u> Date <u>Sept. 22, 1997</u><br>Name (Typed or Printed) <u>Mrs. Lucille M. Keebaugh</u> <u>Secretary</u> <u>Sept. 22, 1997</u> |                                                                                                                    |                    |              |                               |             |              |            |               |               |                        |  |  |  |  |  |       |  |  |  |             |                          |         |               |  |       |             |               |         |               |  |       |

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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