No. C 112118	Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: Annual Report Form		KAPRI WALSH				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SAFE PLACE MINISTRIES, INC. ANGELA HILLS 723 N MITCHELL STREET SUITE 101		723 N MITCHELL STREET SUITE 101 BOISE ID 83704 3. New Registered Agent Signature:*			
NO FILING FEE IF BOISE ID 83704 RECEIVED BY DUE DATE						
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
DIRECTOR LISSA FORE PRESIDENT DAVE FORE SECRETARY LISA BYCE DIRECTOR PAM NICHOL	EY 5301 V 9878 V .S 11204	V. AMITY ROAD V. AMITY ROAD V. EDNA STREET W. VICTORIA DRIVE	NAMPA NAMPA BOISE NAMPA	ID ID ID ID	USA USA USA USA	83687 83687 83704 83686
DIRECTOR JOANIE ARENDSE 4644 DAPHNE MERIDIAN ID USA 83646						
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID Signature: Angela Hil		lls Date: 07/31/2017				
C 112118 Name (type or print):		a Hills Title: Office Manager				
Processed 07/31/2017	* Electronically provided signatures are accepted as original signatures.					