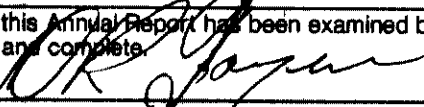
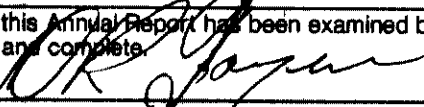
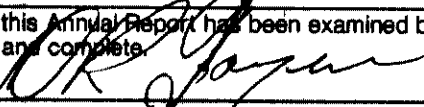


No. 40430	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		DENNIS R. GOYEN																																					
	I. Mailing Address: <i>Please Correct If Not Correct</i>		8373 NORTH 1500 EAST																																					
	NORTH CONGREGATION OF IDAHO DENNIS R. GOYEN 8373 NORTH 1500 EAST IDAHO FALLS ID 83401		IDAHO FALLS ID 83401 3. Incorporated Under The Laws of ID NO: 040430																																					
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Brent Williams</td> <td>767 N. Skyline Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>Dennis R. Goyen</td> <td>8373 N. 1500 E.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td>Brent Williams</td> <td>above</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dennis R. Goyen</td> <td>above</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Rande Oksendahl</td> <td>355 8th St.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Brent Williams	767 N. Skyline Dr.	Idaho Falls,	ID	83401	Secretary:	Dennis R. Goyen	8373 N. 1500 E.	Idaho Falls,	ID	83401	Directors:	Brent Williams	above					Dennis R. Goyen	above					Rande Oksendahl	355 8th St.	Idaho Falls,	ID	83401
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5. Nature of Business Religious		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td data-bbox="536 899 702 971"> Signature Name (Typed or Printed) </td> <td data-bbox="702 899 1214 971">  Dennis R. Goyen </td> <td data-bbox="1214 899 1602 971"> Date Title </td> <td data-bbox="1214 899 1602 971"> 9/5/91 Sec. </td> </tr> </table>			Signature Name (Typed or Printed)	 Dennis R. Goyen	Date Title	9/5/91 Sec.																																
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