

No. C 121568	Due no later than Nov 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX ISABELLE H LAMPE 1025 SHOSHONE ST N TWIN FALLS, ID 83301
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 applicable LUTHERAN CARE INVESTMENT COMPANY HAROLD J CAVENER 569 W 1000 N PAUL, ID 83347		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Harold J. Cavenier	569 W - 1000 N	Paul	Id	83347
Secretary	Dorothy Cavenier	569 W - 1000 N	Paul	Id	83347

5. Organized Under the Laws of: IDAHO C 121568	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Harold J. Cavenier</u></td> <td style="width: 40%;">Date <u>Oct. 19, 2001</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Harold J. Cavenier</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature <u>Harold J. Cavenier</u>	Date <u>Oct. 19, 2001</u>	Name <small>(Typed or Printed)</small> <u>Harold J. Cavenier</u>	Title <u>President</u>
Signature <u>Harold J. Cavenier</u>	Date <u>Oct. 19, 2001</u>				
Name <small>(Typed or Printed)</small> <u>Harold J. Cavenier</u>	Title <u>President</u>				