No. <b>C 204548</b>		Due no later than Jan 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CAMPAIGN FOR AFRICAN ORPHANS, INC.  C TIMOTHY HOPKINS 428 PARK AVENUE IDAHO FALLS ID 83402		2. Registered Ag	Registered Agent and Address (NO PO BOX)     C TIMOTHY HOPKINS     428 PARK AVENUE     IDAHO FALLS ID 83402  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				428 PARK AVE IDAHO FALLS				
4. Corporations: Enter N	lames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BEN COMER		575 NE 5TH TER.	FORT LAUDERDALE	FL	USA	33301	
PRESIDENT	QUEENIE M. LINDERMAN		8456 W LIMELIGHT #302	BOISE	VA	USA	83714	
SECRETARY	EDWARD GE	rard dailey III	30 VALLEY ST.	WAKEFIELD	MA	USA	01880	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 204548		Signature: C. Timothy Hopkins		Dat	Date: 12/04/2017			
		Name (type or print): C. Timothy Hopkins		Titl	Title: Registered Agent			
Processed 12/04/2017		* Electronically provide	ed signatures are accepted as origina	al signatures.				