

No. C 120384		Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
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 needed. LUTHERAN ACADEMY OF THE MASTER, INC. NORA PIERCE 4800 N RAMSEY RD COEUR D ALENE ID 83815		SHELLY MATTHEWS 4800 N RAMSEY RD COEUR D'ALENE ID 83815		
				3. <u>New</u> Registered Agent Signature:*		
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	SHELLY MATTHEWS	4800 N. RAMSEY ROAD	COEUR D'ALENE	ID	USA	83815
DIRECTOR	PETER FITZMYERS	4800 N RAMSEY RD	COEUR D'ALENE	ID	USA	83815
SECRETARY	NANCI KUCHLER	4800 N RAMSEY RD	COEUR D'ALENE	ID	USA	83815
TREASURER	MARY BELL	4800 N RAMSEY RD	COEUR D'ALENE	ID	USA	83815
PRESIDENT	SCOTT J FOSTER	4800 N RAMSEY ROAD	COEUR D'ALENE	ID	USA	83815
DIRECTOR	TOM HIATT	4800 N. RAMSEY ROAD	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of: ID C 120384		6. Annual Report must be signed.* Signature: Nora Pierce Name (type or print): Nora Pierce Date: 07/24/2017 Title: Accountant				
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.				