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|--|---------------------|---|------------|--|---------|-------------|
| No. C 181692 | | Due no later than Jan 31, 2018 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. RISEN WITH THE SON MINISTRIES, INCORPORATED JAMES S SCHLOSS 3322 DENT BRIDGE RD OROFINO ID 83544 | | JAMES S SCHLOSS 9789 DENT BRIDGE RD OROFINO ID 83544 | | |
| | | | | 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 |
| PRESIDENT | STEVE S SCHLOSS | 1039 MCMASTERS RD | WAYNESBORO | GA | USA | 30830 |
| SECRETARY | KIMBERLY L HARALSON | 1100 DENT BRIDGE RD | OROFINO | ID | USA | 83544 |
| DIRECTOR | GLORIA S SCHLOSS | 1039 MCMASTERS RD | WAYNESBORO | GA | USA | 30830 |
| TREASURER | STACI L RAINS | 3322 DENT BRIDGE ROAD | OROFINO | ID | USA | 83544 |
| 5. Organized Under the Laws of: ID C 181692 | | 6. Annual Report must be signed.* Signature: STACI RAINS Name (type or print): STACI RAINS Date: 01/30/2018 Title: TREASURER | | | | |
| Processed 01/30/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |