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|--|-----------------------------|--|-------|---|---------|-------------|--|
| No. C 8027 | | Due no later than Mar 31, 2009 | | 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 | | DAVID HALVERSON 108 W. 4TH STREET TROY ID 83871 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | TROY CHURCH OF THE NAZARENE INC. PASTOR DAVID HALVERSON P O BOX 219 TROY ID 83871 | | | | | |
| 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 | DAVID HALVERSON O HALVERSON | 199 RANDALL FLAT ROAD P.O. BOX 219 | TROY | ID | USA | 83871-0219 | |
| SECRETARY | MARILYN ROSS | 1069 MCKINNEY ROAD | DEARY | ID | USA | 83823-0219 | |
| 5. Organized Under the Laws of: ID C 8027 | | 6. Annual Report must be signed.* Signature: David Halverson Name (type or print): David Halverson | | Date: 01/27/2009 Title: Pastor | | | |
| Processed 01/27/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |