No. C 26539		Due no later than May 31, 2011		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. INTERMOUNTAIN LUTHERAN CAMP ASSOCIATION, INC. REV ERIC J OLSEN PO BOX 389 SHOSHONE ID 83352		REV ERIC J OLSEN 261 MILLARD RD SHOSHONE ID 83352 3. New Registered Agent Signature:*			
4. Corporations: Enter Names a	nd Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held Nam	ne		Street or PO Address	City	State	Country	Postal Code
PRESIDENT STE	VE RAPF)	5146 SWEETGRASS WAY	BOISE	ID	USA	83716
SECRETARY GING	GINGER NARUM		2019 BITTERROOT DRIVE	TWIN FALLS	ID	USA	83301
TREASURER PAU	L ORTM	ANN	2580 PINERIDGE CIRCLE	TWIN FALLS	ID	USA	83301
DIRECTOR GRE	G HANS	ON	857 COACHMAN DRIVE	IDAHO FALLS	ID	USA	83402
DIRECTOR JULI	JULIE TULLIS		7245 EAST RIMROCK DRIVE	IDAHO FALLS	ID	USA	83401
DIRECTOR JOH	N STEVE	ENS	PO BOX 927	BLACKFOOT	ID	USA	83221
DIRECTOR MAR	RK DREW	1	11710 W ARLEN STREET	BOISE	ID	USA	83713
DIRECTOR CHR	IS WAG	NER	3430 N. MAPLE GROVE ROAD	BOISE	ID	USA	83704
DIRECTOR MIKE	RECTOR MIKE SALISBURY		3351 EAGLE ROCK ROAD	AMERICAN FALLS	ID	USA	83211
DIRECTOR AMY DOCKTER		1970 NORTH HEATH AVENUE	BOISE	ID	USA	83713	
DIRECTOR AARON LINDEMANN		13297 W BLUEBELL DRIVE	BOISE	ID	USA	83713	
DIRECTOR GRE	GREG BOHLKEN		3100 S. FIVE MILE ROAD	BOISE	ID	USA	83709
5. Organized Under the Laws o	f:	6. Annual Report must b	pe signed.*				
ID		Signature: Eric Olsen		Date: 03/16/2011			
C 26539		Name (type or print): Eric Olsen		Title: Camp Pastor/Director			
Processed 03/16/2011		* Electronically provided	signatures are accepted as original sign	natures.			