

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>C 188699</b>  | <b>Due no later than Oct 31, 2017</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FREEMAN FAMILY INSTITUTE, INC.<br>GARY E FREEMAN<br>810 S TWIN PINE DR<br>PINE ID 83647 |   | GARY FREEMAN<br>810 S TWIN PINE DR<br>PINE ID 83647 |       |         |             |
|  |  |   | 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   | GARY E FREEMAN   | 810 S TWIN PINE DR  | PINE  | ID    | USA     | 83647       |
| DIRECTOR   | DENISE FREEMAN   | 810 S TWIN PINE DR  | PINE  | ID    | USA     | 83647       |
| DIRECTOR   | DANIEL A FREEMAN   | 2879 MESA AVE   | GRAND JUNCTION                                      | CO    | USA     | 81501-5085  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 188699</b>  | 6. Annual Report must be signed.*<br>Signature: Gary E. Freeman<br>Name (type or print): Gary E. Freeman   |   | Date: 09/01/2017<br>Title: Director                 |       |         |             |
| Processed 09/01/2017   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |