No. C 175595		Due no later than Oct 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOHN P SCHROM 40 WINTER RIDGE RD HOPE ID 83836			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		HOLY MYRRBEARING WOMEN ANTIOCHIAN ORTHODOX CHURCH INCORPORATED SHARON MATTHEWS PO BOX 1025 BONNERS FERRY ID 83805 USA		HOPE ID 83	HOPE ID 63636			
				3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	TRINA HARRIS		13827 W PINE ST	SANDPOINT	ID	USA	83864	
TREASURER			10565 N BARCELONA ST	HAYDEN	ID	USA	83835	
PRESIDENT	GARY IVINS		PO BOX 202	NAPLES	ID	USA	83847	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 175595		Signature: Sharon Matthews		Date	Date: 09/19/2018			
		Name (type or print): Sharon Matthews		Title	Title: Treasurer (Proxy)			
Processed 09/19/2018	* Electronically provided signatures are accepted as original signatures.							