No. <b>C 1532</b>		Due no later than Jul 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.			THOMAS M JOHNSTON  22410 TEN DAVIS RD  PARMA ID 83660			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
		KIRKPATRICK MEMORIAL COMMUNITY CHURCH (PRESBYTERIAN CHURCH, U.S.A.), INC. THOMAS M. JOHNSTON P O BOX 789 PARMA ID 83660		PARMA ID				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL R HAMBY		27517 GOTSCH RD.	PARMA	ID	USA	83660	
SECRETARY	BARBARA E	FRANKLIN	PO BOX 1052	PARMA	ID	USA	83660-1052	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Barbara E Franklin		Date	Date: 05/24/2016			
C 1532		Name (type	or print): Barbara E Franklin	Title	Title: Office Administrator			
Processed 05/24/2016		* Electronically	provided signatures are accepted as origina	l signatures.				