

| Due no later than Sep 30, 2001 | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|-------------------------------|-------------|--------------|------------|-----------|------------|-----------|---------------|----|-------|----------|--------------|------------|---------------|----|-------|----------|---------------|------------|---------------|----|-------|
| No. C 103351 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 applicable MOUNTAIN HOME/ELMORE COUNTY MINISTE 4220 N 3RD W CANYON CRK RD MOUNTAIN HOME, ID 83647 | LON LUTTRELL 4220 N 3RD W CANYON CRK RD MOUNTAIN HOME, ID 83647 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 20%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary Allen</td> <td>265 N 4 E</td> <td>Mountain Home</td> <td>ID</td> <td>83647</td> </tr> <tr> <td>Sec/Trea</td> <td>Lon Luttrell</td> <td>4220 N 3 W</td> <td>Mountain Home</td> <td>ID</td> <td>83647</td> </tr> <tr> <td>Director</td> <td>Truman Parker</td> <td>515 E 15 N</td> <td>Mountain Home</td> <td>ID</td> <td>83647</td> </tr> </tbody> </table> | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President | Gary Allen | 265 N 4 E | Mountain Home | ID | 83647 | Sec/Trea | Lon Luttrell | 4220 N 3 W | Mountain Home | ID | 83647 | Director | Truman Parker | 515 E 15 N | Mountain Home | ID | 83647 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | |
| President | Gary Allen | 265 N 4 E | Mountain Home | ID | 83647 | | | | | | | | | | | | | | | | | | | | | |
| Sec/Trea | Lon Luttrell | 4220 N 3 W | Mountain Home | ID | 83647 | | | | | | | | | | | | | | | | | | | | | |
| Director | Truman Parker | 515 E 15 N | Mountain Home | ID | 83647 | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 103351 | 6. Signature <u><i>Gary W. Allen</i></u> Date <u>07/24/01</u> Name <small>(Typed or Printed)</small> <u>GARY W. ALLEN</u> Title <u>PRESIDENT</u> | | | | | | | | | | | | | | | | | | | | | | | | | |