No. C 136521		Due no later than Nov 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. CALVARY OUTREACH OF CHALLIS, INC. DAVE REEDER PO BOX 605 CHALLIS ID 83226		2. Registered A	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				FO1 MATNIC	DAVID REEDER 501 MAIN ST CHALLIS ID 83226 3. New Registered Agent Signature:*			
				CHALLIS ID				
				3. <u>New</u> Registe				
4. Corporations: Ente	er Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR ROBERT PAR		PAC	PO BOX 246	CHALLIS	ID	USA	83226	
DIRECTOR CODY LAROY		Υ	PO BOX 828	CHALLIS	ID	USA	83226	
DIRECTOR DAVE REEDE			PO BOX 1128	CHALLIS	ID	USA	83226-1128	
PRESIDENT PAUL VERHO			PO BOX 925	CHALLIS	ID	USA	83226-0925	
DIRECTOR	TRAVIS SKA	AAR	5783 W 5520 N	MACKAY	ID	USA	83251	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID C 136521		Signature: David E. Reeder			Date: 11/07/2017			
		Name (type		Title: Director				
Processed 11/07/201		* Electronically	provided signatures are accepted as origina	Il signatures.				