| No. C 93328 | | Due no later than Sep 30, 2018 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---------------|--|--|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | DAVID BUSH | | | | |
| SECRETARY OF STATE | 1. Maili | 1. Mailing Address: Correct in this box if needed. ST. JOHN LUTHERAN CHURCH, INC. ATTN CHERYL VETTER 290 7TH ST | | | 290 5TH ST IDAHO FALLS ID 83401 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | ATTN CH | | | | | | | |
| | IDAHO FA | AHO FALLS ID 83401-4757 3. New Registered Agent Signature:* | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 | |
| FREASURER MELANIE MARY 1125 ARLOW CT. | | 1125 ARLOW CT. | | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | | |
| ID | Signature | Signature: Cheryl Vetter | | Date: 08/13/2018 | | | | |
| C 93328 | Name (ty | Name (type or print): Cheryl Vetter | | | Title: Office Manager | | | |
| Processed 08/13/2018 | * Electronica | * Electronically provided signatures are accepted as original signatures. | | | | | | |