

|  |                     |  |       |   |         |                                     |  |
|--|---------------------|--|-------|---|---------|-------------------------------------|--|
| No. <b>W 23223</b>   |                     | <b>Due no later than Mar 31, 2014</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |                                     |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>MCE, MISSION CENTERED EDUCATION, RESEARCH, AND<br>RETREATWORK, LLC<br>MARGARET ANN WUELFING<br>99 FOREST DR<br>BOISE ID 83716<br>USA |       | MARGARET A WUELFING<br>99 FOREST DR<br>BOISE ID 83716 |         |                                     |  |
|  |                     |  |       | 3. <u>New</u> Registered Agent Signature: *           |         |                                     |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                     |  |       |   |         |                                     |  |
| Office Held  | Name                | Street or PO Address   | City  | State   | Country | Postal Code                         |  |
| MANAGER  | MARGARET A WUELFING | 99 FOREST DR   | BOISE | ID  | USA     | 83716                               |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23223</b>   |                     | 6. Annual Report must be signed.*<br>Signature: Margaret A. Wuelfing<br>Name (type or print): Margaret A. Wuelfing   |       |   |         | Date: 02/27/2014<br>Title: Director |  |
| Processed 02/27/2014   |                     | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                                     |  |