| No. <b>C 15355</b>                                                                                                         |                                                                                | Due no later than Jan 31, 2015                                                                                                                                                               |                                   | 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 | 1. Mailing Ad<br>TRINITY EVANG<br>IDAHO, INC.<br>STEVEN LANGE<br>920 8TH AVENU | Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRINITY EVANGELICAL LUTHERAN CHURCH OF LEWISTON IDAHO, INC.  STEVEN LANGE PRESIDENT 920 8TH AVENUE LEWISTON ID 83501 |                                   | DENNIS RIDDLE 2315 2ND AVE N LEWISTON 83501  3. New Registered Agent Signature:* |                   |                         |  |
| 4. Corporations: Enter Names and                                                                                           | Business Addresses of Pi                                                       | resident, Secretary, and Directors. Treasi                                                                                                                                                   | urer (optional).                  |                                                                                  |                   |                         |  |
| Office Held Name                                                                                                           |                                                                                | Street or PO Address                                                                                                                                                                         | City                              | State                                                                            | Country           | Postal Code             |  |
| TREASURER ROBER                                                                                                            | REASURER ROBERT GROSSKLAUS                                                     |                                                                                                                                                                                              | CLARKSTON<br>LEWISTON<br>LEWISTON | WA<br>ID<br>ID                                                                   | USA<br>USA<br>USA | 99403<br>83501<br>83501 |  |
| 5. Organized Under the Laws of:                                                                                            | 6. Annual Report                                                               | 6. Annual Report must be signed.*                                                                                                                                                            |                                   |                                                                                  |                   |                         |  |
| ID Signature: S'                                                                                                           |                                                                                | VEN LANGE Date: 01/28/2015                                                                                                                                                                   |                                   |                                                                                  |                   |                         |  |
| C 15355                                                                                                                    | Name (type or                                                                  | Name (type or print): STEVEN LANGE                                                                                                                                                           |                                   | Title: PRESIDENT                                                                 |                   |                         |  |
| Processed 01/28/2015                                                                                                       | * Electronically provided signatures are accepted as original signatures.      |                                                                                                                                                                                              |                                   |                                                                                  |                   |                         |  |