| No. <b>C 75237</b>   |                            | Due no later than Mar 31, 2009   |   | 2. Registered A | 2. Registered Agent and Address (NO PO BOX)        |         |             |  |
|--|----------------------------|--|---|-----------------|--|---------|-------------|--|
| Return to:   |                            | Annual Report Form   |   |                 | MAMIE O OLIVER 3590 SOUTH COLE ROAD BOISE ID 83709 |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                            | 1. Mailing Address: Correct in this box if needed.  TREASURE VALLEY COUNCIL FOR CHURCH AND SOCIAL ACTION, INC.  MAMIE O OLIVER |   | BOISE ID 8      |  |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                            | P.O. BOX 2651 BOISE ID 83701 USA   |   |                 | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 200  | mes and Busin              | ess Addresses of Pre   | esident, Secretary, and Directors. Treasu | rer (optional). |  |         |             |  |
| Office Held  | Name                       |  | Street or PO Address                      | City            | State  | Country | Postal Code |  |
| DIRECTOR   | ECTOR GARY NAFZIGER-MEISER |  | 1520 N 12TH ST                            | BOISE           | ID   | USA     | 83702       |  |
| DIRECTOR   | PAM LEMLY                  |  | 2045 TABLE ROCK RD.                       | BOISE           | ID   | USA     | 83712       |  |
| DIRECTOR   | JON K OLIV                 | ER   | 3410 DARBY RD/                            | KESWICK         | VA   | USA     | 22947       |  |
| 5. Organized Under the Laws of:  |                            | 6. Annual Report must be signed.*  |   |                 |  |         |             |  |
| ID<br>C 75237  |                            | Signature: Mamie O.Oliver  |   | Date            | Date: 04/02/2009                                   |         |             |  |
|  |                            | Name (type or print): Mamie O.Oliver   |   | Title           | Title: Director/Founder                            |         |             |  |
| Processed 04/02/2009 * Electronically provided signatures are accepted as original signatures. |                            |  |   |                 |  |         |             |  |