| No. C 146838 | | Due no later than Dec 31, 2012 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HOPE LAY MINISTRIES, INC. 4097 W UPRIVER DR COEUR D'ALENE ID 83814 | CINDY R GOFF 4097 W UPRIVER DR COEUR D'ALENE ID 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Corporations: Enter N | lames and Busin | ess Addresses of President, Secretary, and Directors. Treasurer | (optional). | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT SECRETARY | WILL GOFF CINDY GOFF | 4097 W UPRIVER DR 4097 W UPRIVER DR | COEUR D'ALENE COEUR D'ALENE | ID ID | USA USA | 83814 83814 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Creta Reilly | Date: 10/29/2012 | | | |
| C 146838 | | Name (type or print): Creta Reilly | Title: Cpa | | | |
| Processed 10/29/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | |