| No. <b>C 7282</b>  |                           | Due no later than Dec 31, 2015   |  | 2. Registered A         | 2. Registered Agent and Address (NO PO BOX)                                  |            |                |  |
|--|---------------------------|--|--|-------------------------|--|------------|----------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                           | Annual Report Form  1. Mailing Address: Correct in this box if needed.  UNITED METHODIST CHURCH OF RUPERT, IDAHO (THE) SHARON A CROWE PO BOX 804 RUPERT ID 83350 |  | 1020 7TH S<br>RUPERT ID | BRYAN BRUNS 1020 7TH ST RUPERT ID 83350  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  |                           |  |  |                         |  |            |                |  |
| 200 March 19   |                           | ess Addresses of   | Fresident, Secretary, and Directors. Treasur   |                         | Chaha  | Carratur   | Dantal Carla   |  |
| Office Held  | Name                      | MEIZ   | Street or PO Address                           | City                    | State  | Country    | Postal Code    |  |
| DIRECTOR<br>DIRECTOR   | DAN JAROLI<br>KRISTINE SO |  | 176 NORTH MERIDIAN<br>641N 1250E               | RUPERT<br>JACKSON       | ID<br>ID   | USA<br>USA | 83350<br>83350 |  |
| VICE PRESIDENT   | CLIFF HIEB                | JIMSEN   | 418N 774 LN. E                                 | RUPERT                  | ID   | USA        | 83350<br>83350 |  |
| PRESIDENT  | BRYAN BRUI                | NS   | 1020 7TH STREET                                | RUPERT                  | ID   | USA        | 83350          |  |
| 5. Organized Under the Laws of:  |                           | 6. Annual Report must be signed.*  |  |                         |  |            |                |  |
| ID   |                           | Signature: Sharon Crowe  |  |                         | Date: 12/14/2015   |            |                |  |
| C 7282   |                           | Name (type   | or print): Sharon Crowe                        |                         | Title: Administrator   |            |                |  |
| Processed 12/14/2015   |                           | * Electronically   | provided signatures are accepted as original s | signatures.             |  |            |                |  |