

No. 007545	Idaho Corporation Annual Report Form		2. Registered Agent and Office																																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1985		PHYLLIS HAUCK P. O. BOX 158 SPIRIT LAKE, IDAHO 83869																																				
	1. Mailing Address — Please Correct 007545																																						
	UNITED PRESBYTERIAN CHURCH OF SP PHYLLIS HAUCK BOX 158 SPIRIT LAKE, IDAHO 83869		3. Incorporated Under The Laws of STATE OF IDAHO																																				
4. Names and Addresses of Officers and Directors																																							
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Rev. JAMES H. Howell</td> <td>S. 201 Greens Ferry Rd.</td> <td>Post Falls, Idaho</td> <td></td> <td>83854</td> </tr> <tr> <td>Secretary: Phyllis Hauck</td> <td>P.O. Box 158</td> <td>Spirit Lake, Idaho</td> <td></td> <td>83869</td> </tr> <tr> <td>Directors: Bill Rodner</td> <td>Box 399</td> <td>Priest River, Idaho</td> <td></td> <td>83856</td> </tr> <tr> <td>Bill Schweek</td> <td>P.O. Box 115</td> <td>Spirit Lake, Idaho</td> <td></td> <td>83869</td> </tr> <tr> <td>Bea Thomas</td> <td>P.O. Box 606</td> <td>Spirit Lake, Idaho</td> <td></td> <td>83869</td> </tr> <tr> <td>Pat Wilson</td> <td>P.O. Box 549</td> <td>Spirit Lake, Idaho</td> <td></td> <td>83869</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Rev. JAMES H. Howell	S. 201 Greens Ferry Rd.	Post Falls, Idaho		83854	Secretary: Phyllis Hauck	P.O. Box 158	Spirit Lake, Idaho		83869	Directors: Bill Rodner	Box 399	Priest River, Idaho		83856	Bill Schweek	P.O. Box 115	Spirit Lake, Idaho		83869	Bea Thomas	P.O. Box 606	Spirit Lake, Idaho		83869	Pat Wilson	P.O. Box 549	Spirit Lake, Idaho		83869
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5. Nature of Business Non-profit/Church		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Mrs. Phyllis Hauck</u> Date _____ Name (Typed or Printed) <u>Phyllis HAUCK</u> Title <u>Clerk of Session</u>																																					