No. C 188699		D	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		GARY FREE	GARY FREEMAN 810 S TWIN PINE DR PINE ID 83647 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FREEMAN FAMILY INSTITUTE, INC. GARY E FREEMAN 810 S TWIN PINE DR PINE ID 83647 USA		PINE ID 83				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR DIRECTOR	IRECTOR DENISE FREEMAN		810 S TWIN PINE DR 810 S TWIN PINE DR 863 SO PHEASANT DR	PINE PINE GILBERT	ID ID AZ	USA USA USA	83647 83647 85296	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 188699		Signature: G		Date: 08/23/2014				
		Name (type or print): Gary E. Freeman			Title: Member			
Processed 08/23/2014	* Electronically provided signatures are accepted as original signatures.							