

|                                                                                                                                                        |                |                                                                                                                                                                                       |       |                                                    |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------------|--|
| No. <b>C 127855</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2015</b>                                                                                                                                                 |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>ZION EVANGELICAL LUTHERAN CHURCH OF NAMPA, IDAHO,<br>INC.<br>DENNIS BOEHLKE<br>404 NECTARINE ST<br>NAMPA ID 83686<br>USA |       | DENNIS BOEHLKE<br>404 NECTARINE ST<br>NAMPA 83686  |         |                   |  |
|                                                                                                                                                        |                |                                                                                                                                                                                       |       | 3. <u>New</u> Registered Agent Signature:*         |         |                   |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                                       |       |                                                    |         |                   |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                                  | City  | State                                              | Country | Postal Code       |  |
| PRESIDENT                                                                                                                                              | DENNIS BOEHLKE | 9351 LAKE SHORE DR                                                                                                                                                                    | NAMPA | ID                                                 | USA     | 83686             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                     |       |                                                    |         |                   |  |
| <b>ID<br/>C 127855</b>                                                                                                                                 |                | Signature: sarah bastian                                                                                                                                                              |       |                                                    |         | Date: 01/31/2015  |  |
|                                                                                                                                                        |                | Name (type or print): sarah bastian                                                                                                                                                   |       |                                                    |         | Title: bookkeeper |  |
| Processed 01/31/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                             |       |                                                    |         |                   |  |