

No. C 166964		Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MIRACLE VALLEY MINISTRY CENTER, INCORPORATED DR SHARON CUSTER 438 HIGHWAY 74 TWIN FALLS ID 83301		DR SHARON CUSTER 438 HIGHWAY 74 TWIN FALLS ID 83301			
						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	
DIRECTOR	SHARON L CUSTER	438 HIGHWAY 74	TWIN FALLS	ID	USA	83301	
DIRECTOR	KAY WOLVERTON	288 CEDARPARK CIRCLE	TWIN FALLS	ID	USA	83301	
SECRETARY	SHARON L CUSTER	438 HIGHWAY 74	TWIN FALLS	ID	USA	83301	
PRESIDENT	KAY WOLVERTON	288 CEDARPARK CIRCLE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 166964		6. Annual Report must be signed.* Signature: Sharon L. Custer Name (type or print): Sharon L. Custer					
		Date: 06/04/2010 Title: Sec./Treas.					
Processed 06/04/2010 * Electronically provided signatures are accepted as original signatures.							