

No. C 96689	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address: Please Print or Type Full Name DOMINICAN SISTERS OF IDAHO, SR TERESA JOSEPH 5450 W RIVERVIEW RD		SISTER TERESA JOSEPH 5450 W RIVERVIEW DR POST FALLS ID 83854 3. Organized Under the Laws of:																			
* FIRST NOTICE * POST FALLS ID 83854 8212 ID C 96689																						
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Chairman/ President</td> <td>Mother Gabriel of the Sacred Heart</td> <td>5450 W. Riverview Dr.</td> <td>Post Falls,</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Secretary</td> <td>Sr. Marie Reginald</td> <td>5450 W. Riverview Dr.,</td> <td>Post Falls,</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Chairman/ President	Mother Gabriel of the Sacred Heart	5450 W. Riverview Dr.	Post Falls,	ID	83854	Secretary	Sr. Marie Reginald	5450 W. Riverview Dr.,	Post Falls,	ID	83854
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5. NATURE OF BUSINESS RELIGIOUS EDUCATION		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>Sr. Teresa Joseph</u> Date <u>7/16/96</u> Name (Typed or Printed) <u>Sr. Teresa Joseph</u> Title <u>Vice Chairman</u>																				

ISSUED: 07-06-1996

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