| No. <b>C 208226</b>  |                  | Du   | e no later than Dec 31, 2016                | 2. Registered A        | 2. Registered Agent and Address (NO PO BOX)   |         |             |  |
|--|------------------|--|---|------------------------|---|---------|-------------|--|
| Return to:   |                  | Annual Report Form   |   |                        | MICHAEL VERLENNICH 8117 S RED CLIFF AVE BOISE ID 83716  3. New Registered Agent Signature:* |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                  | 1. Mailing Address: Correct in this box if needed.  VECTOR CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE INC. BOISE VECTOR CHURCH 8117 S RED CLIFF AVE |   |                        |   |         |             |  |
|  |                  |  |   |                        |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                  | BOISE ID 83716   |   | J. <u>INCW</u> Registe |   |         |             |  |
|  |                  | l<br>ess Addresses of F  | President, Secretary, and Directors. Treasu | rer (optional).        |   |         |             |  |
| Office Held  | Name             |  | Street or PO Address                        | City                   | State   | Country | Postal Code |  |
| TREASURER  | CHRIS TWEEDY     |  | 2545 ST JOHNS AVE                           | BILLINGS               | MT  | USA     | 59102       |  |
| SECRETARY  | JONATHAN WIGGINS |  | 2545 ST JOHNS AVE                           | BILLINGS               | MT  |         | 59102       |  |
| PRESIDENT  | MICHAEL VE       | RLENNICH   | 8117 S RED CLIFF AVE                        | BOISE                  | ID  |         | 83716       |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |   |                        |   |         |             |  |
| ID<br>C 208226   |                  | Signature: CHRIS TWEEDY  |   |                        | Date: 11/14/2016  |         |             |  |
|  |                  | Name (type or  |   | Title: TREASURER       |   |         |             |  |
| Processed 11/14/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |   |                        |   |         |             |  |