

No. 010207		Due no later than March 31, 2007		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address - Correct in this box, if applicable TREASURE VALLEY COUNCIL FOR CHURCH REV. DR. LINCOLN OLIVER <i>Deceased</i> P.O. BOX 2651 BOISE, ID 83701		WAMIE O OLIVER 3590 SOUTH COLE ROAD BOISE, ID 83709	
NO FILING FEE IF RECEIVED BY DUE DATE		2007 JUN -7 PM 2:40		3. New Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
STATE OF IDAHO					
Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Roy Frechette	983 Strawberry Ln.	Boise, Id.		83712
Sec.	Elise Fowler	1920 Columbus	Boise, Id.		83705
Director	Pam Foxhill	1965 Seal St.	Boise, Id.		83706
Director	Pamela Leary	2045 Dahlia Park Rd.	Boise, Id.		83712
Director	Stuart Jones	13804 W. Chatsworth Ct.	Boise, Id.		83713
Director	Cathy NAF Zigm	1520 N. 12th St.	Boise, Id.		83712
Director	Jon K. Oliver	3410 Dauby Rd.	Keswick, VA.		22947
5. Organized Under the Laws of: IDAHO C 75237			6. Signature <i>Wamie O. Oliver</i> Date <i>6-6-07</i> Name (Typed or Printed) <i>WAMIE O. OLIVER</i> Title <i>Exec. Director</i>		

Issued 01/02/2007

Do Not Tape or Staple

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Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM FAX

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

334-2080

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box

BLOCK 3: Only a new registered agent must sign in Block 3.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only), managers/members (for LLC's Only), one or more general partners (for LP's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

**** The Image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.**

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership) to terminate its legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

DO NOT ENTER SOCIAL SECURITY NUMBERS
POSTMARK DATES WILL NOT BE ACCEPTED

REV. (9/06)