| No. <b>C 107226</b>                                                                            |                  | Due no later than Aug 31, 2013 Annual Report Form                                                           |                                        | 2. Registered Agent and Address (NO PO BOX) |                                              |       |         |             |
|------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------|----------------------------------------------|-------|---------|-------------|
| Return to:                                                                                     |                  |                                                                                                             |                                        | GREG FADNESS                                |                                              |       |         |             |
| 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.                                                          |                                        |                                             | 2767 CHAPARRAL CIRCLE<br>TWIN FALLS ID 83301 |       |         |             |
|                                                                                                |                  | LIGHTHOUSE CHRISTIAN FELLOWSHIP, INC.<br>MART R LAIRD<br>960 EASTLAND DR<br>TWIN FALLS ID 83301-6782<br>USA |                                        |                                             |                                              |       |         |             |
|                                                                                                |                  |                                                                                                             |                                        | 3. <u>New</u> Registered Agent Signature:*  |                                              |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                       |                  |                                                                                                             |                                        |                                             |                                              |       |         |             |
| 4. Corporations: Enter Na                                                                      | mes and Busin    | ess Addresses of P                                                                                          | resident, Secretary, and Directors. Ti | reasurer (                                  | optional).                                   |       |         |             |
| Office Held                                                                                    | Name             |                                                                                                             | Street or PO Address                   |                                             | City                                         | State | Country | Postal Code |
| PRESIDENT                                                                                      | ENT GREG FADNESS |                                                                                                             | 960 EASTLAND DR                        |                                             | TWIN FALLS                                   | ID    | USA     | 83301       |
| SECRETARY                                                                                      | KELLY HASS       | ANI                                                                                                         | 960 EASTLAND DR                        |                                             | TWIN FALLS                                   | ID    | USA     | 83301       |
| DIRECTOR                                                                                       | MICHAEL BOSMA    |                                                                                                             | 960 EASTLAND DR                        |                                             | TWIN FALLS                                   | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:                                                                |                  | 6. Annual Report must be signed.*                                                                           |                                        |                                             |                                              |       |         |             |
| ID                                                                                             |                  | Signature: Mart R Laird                                                                                     |                                        | Date: 06/12/2013                            |                                              |       |         |             |
| C 107226                                                                                       |                  | Name (type or print): Mart R Laird                                                                          |                                        | Title: Church Administrator                 |                                              |       |         |             |
| Processed 06/12/2013 * Electronically provided signatures are accepted as original signatures. |                  |                                                                                                             |                                        |                                             |                                              |       |         |             |