| No. **C 59143** | **Due no later than Aug 31, 2017**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>COEUR D'ALENE CHRISTIAN CENTER INCORPORATED<br>DAVID W HOIT<br>3639 W PRAIRIE AVE<br>HAYDEN ID 83835 | DAVID W HOIT<br>3639 W PRAIRIE AVE<br>HAYDEN ID 83835<br><br>3. New 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 | DEREK W SOVEREIGN | 1410 W YAQUINA DR POST FALLS | POST FALLS | ID | USA | 83854 |
| PRESIDENT | DAVID W HOIT | 8381 N RASPBERRY LANE | HAYDEN | ID | USA | 83835 |
| DIRECTOR | CAREY W SOVEREIGN | W 3425 BEAN AVENUE | HAYDEN | ID | USA | 83835 |
| DIRECTOR | SHANE T GOODNER | 707 S TWILIGHT CT | POST FALLS | ID | USA | 83854 |
| SECRETARY | LLOYD O TAYLOR | 2298 W FALLING STAR LOOP | POST FALLS | ID | USA | 83854 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 59143** | Signature: Kathy Henderson | Date: 08/10/2017 |
| | Name (type or print): Kathy Henderson | Title: Bookkeeper |
| Processed 08/10/2017 | * Electronically provided signatures are accepted as original signatures. | |