No. <b>C 198834</b>		Due no later than Jun 30, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LARRY CRIST 6463 SUNRISE AVE NAMPA ID 83686			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CASCADE CHRISTIAN CHURCH CAMP, INC. MARYELLEN THOMAS PO BOX 1092 NAMPA ID 83653						
				3. ]	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasu	urer (opt	ional).			
Office Held	Name		Street or PO Address	С	ity	State	Country	Postal Code
PRESIDENT	GREG ANDER	RSON	5927 ELKHORN	В	OISE	ID	USA	83709
			17084 GOOSE LANE		ALDWELL	ID	USA	83607
TREASURER MARYELLEN THO		THOMAS	11854 ARCH ST	В	OISE	ID	USA	83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 198834		Signature: maryellen Thomas			Date: 04/30/2018			
		Name (type or print): maryellen Thomas			Title: Treasurer			
Processed 04/30/2018 * Electronically provided signatures are accepted as original signatures.								