No. C 103837	Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:	_ <i></i>	Annual Report Form		ELLSWORTH P HOLM			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. UNITED LIVING MINISTRIES, INCORPORATED ELLSWORTH P HOLM 1194 W. WATERCRESS AVE. POST FALLS ID 83854-4957			1194 W. WATERCRESS AVE. POST FALLS ID 83854-4957 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF	POST FALLS IL) 8385 4-49 5/	J. <u>New</u> Register	eu Agent 3	igriature.		
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busi	ness Addresses of P	resident, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR ELLSWORT	H P HOLM	1194 W. WATERCRESS AVE.	POST FALLS	ID	USA	83854-4957	
DIRECTOR KAREN B HOLM		1194 W. WATERCRESS AVE.	POST FALLS	ID	USA	83854-4957	
5. Organized Under the Laws of:	6. Annual Report	5. Annual Report must be signed.*					
ID Signature: Ell		worth P. Holm		Date: 08/21/2017			
C 103837	Name (type or	Name (type or print): Ellsworth P. Holm		Title: Director			
Processed 08/21/2017 * Electronically provided signatures are accepted as original signatures.							