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| No. C 206637 | | Due no later than Jul 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. UNIVERSITY OF SAINT MARY, INC. 4100 SOUTH 4TH STREET LEAVENWORTH KS 66048 | | INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 | |
| | | | | 3. <u>New</u> 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 |
| SECRETARY | KATHY FOGARTY | 4100 SOUTH 4TH STREET | LEAVENWORTH | KS | 66048 |
| PRESIDENT | DIANE STEELE | 4100 SOUTH 4TH STREET | LEAVENWORTH | KS | 66048 |
| 5. Organized Under the Laws of: KS C 206637 | | 6. Annual Report must be signed.* Signature: Veronica Donovan Name (type or print): Veronica Donovan Date: 09/28/2016 Title: Data Analyst | | | |
| Processed 09/28/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |