

|  |                   |  |           |   |         |             |
|--|-------------------|--|-----------|---|---------|-------------|
| No. <b>C 7150</b>  |                   | <b>Due no later than Sep 30, 2011</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>ORCHARDS COMMUNITY CHURCH OF LEWISTON, NEZ PERCE<br>COUNTY, IDAHO<br>CAROL C MOORE<br>822 BRYDEN AVE<br>LEWISTON ID 83501<br>USA |           | MARK BREWSTER<br>1016 HEMLOCK DR<br>LEWISTON ID 83501 |         |             |
|  |                   |  |           | 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 |
| DIRECTOR   | IHOR MERESZCZAK   | 114 RESERVOIR DRIVE  | LEWISTON  | ID  | USA     | 83501       |
| DIRECTOR   | SCOTT LAWRENCE    | 2510 6TH STREET  | LEWISTON  | ID  | USA     | 83501       |
| DIRECTOR   | DICK JONES        | 1135 LIBERTY DRIVE   | CLARKSTON | WA  | USA     | 99403       |
| DIRECTOR   | DAVE MURRAY       | 2215 SCHAEFER DRIVE  | CLARKSTON | WA  | USA     | 99403       |
| TREASURER  | COLLEEN M MERRILL | 1036 RICHARDSON  | LEWISTON  | ID  | USA     | 83501       |
| SECRETARY  | BRUCE BURTON      | 3325 12TH STREET   | LEWISTON  | ID  | USA     | 83501       |
| PRESIDENT  | MARK K BREWSTER   | 1016 HEMLOCK DRIVE   | LEWISTON  | ID  | USA     | 83501       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 7150</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Carol Moore<br>Name (type or print): Carol Moore<br><br>Date: 08/23/2011<br>Title: Bookkeeper  |           |   |         |             |
| Processed 08/23/2011   |                   | * Electronically provided signatures are accepted as original signatures.  |           |   |         |             |