

|                                                                                                                                                        |             |                                                                                                                                                                                                       |          |                                                    |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|
| No. <b>C 123478</b>                                                                                                                                    |             | <b>Due no later than Apr 30, 2014</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>CAMPUS MINISTRIES OF TREASURE VALLEY, INC.<br>MIKE GROFF<br>824 DEARBORN ST<br>CALDWELL ID 83605<br>USA |          | MIKE GROFF<br>824 DEARBORN ST<br>CALDWELL ID 83605 |         |             |
|                                                                                                                                                        |             |                                                                                                                                                                                                       |          | 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                                                                                                                                               | PHIL ROGERS | 5333 NORTH GOLDIE PL                                                                                                                                                                                  | BOISE    | ID                                                 | USA     | 83703       |
| PRESIDENT                                                                                                                                              | LEE PARSONS | 590 W. TWO RIVERS DRIVE                                                                                                                                                                               | EAGLE    | ID                                                 | USA     | 83616       |
| TREASURER                                                                                                                                              | MIKE GROFF  | 824 DEARBORN ST                                                                                                                                                                                       | CALDWELL | ID                                                 | USA     | 83605       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 123478</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Michael O Groff<br>Name (type or print): Michael O Groff<br><br>Date: 02/17/2014<br>Title: Treasurer                                                  |          |                                                    |         |             |
| Processed 02/17/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                             |          |                                                    |         |             |