No. c1 07833		Annual Report Form	2. Registered Agen	t and Office I	NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		Address - Please Correct, If Not Correct PLACE EVANGELICAL FREE C BESS	9 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	15TH S1 _LS]	ID 83854
* FIRST NOTICE * POST FALLS TO 83854 ID C107830 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of □ Managers or □ Members (check one)					
Office held	<u>Name</u>	Street or P.O. Address	<u>City</u> -	<u>State</u>	<u>Zip</u>
PRESIDENT 6	us Bess	4332 Woodland DR.	Post FAIIS	Id	<i>8385</i> 4
. ~	Doug Wieben		pokane	WA	99212
Director 1	Dixon Sumpter	3025 E. 16th St	Post FAlls	\mathcal{I}_{cl}	83854
	Robert Brooks		layden Lake	Id	<i>53535</i>
Director	JACK EggAR	205 CedAR St 1	Post FAlls	Id	83854
CHURCH	JSINESS 7-06-1996	6. I certify that this Angual Report has been knowledge true, correct and complete. Signature Name (Typed or Printed) Name (Typed or Cus Bess	Date Title	and is to the	
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