| No. <b>C 151373</b>  |   | Due no later than Oct 31, 2009  |  | 2. Registered        | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|---|---|--|----------------------|---|---------|-------------|--|
| Return to:   |   | Annual Report Form  |  |                      | DENNIS MURPHY                               |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |   | 1. Mailing Address: Correct in this box if needed.                                |  |                      | 904 N HORTON ST<br>NAMPA ID 83651           |         |             |  |
|  |   | TRUE GOSPEL LIGHTHOUSE INC. PASTOR DENNIS R MURPHY 904 N HORTON ST NAMPA ID 83651 |  |                      |   |         |             |  |
|  |   |   |  | 3. <u>New</u> Regist | 3. <u>New</u> Registered Agent Signature:*  |         |             |  |
|  |   |   |  |                      |   |         |             |  |
| 4. Corporations: Enter   | Names and Busin   | ess Addresses of  | President, Secretary, and Directors. Treas | urer (optional).     |   |         |             |  |
| Office Held  | Name  |   | Street or PO Address                       | City                 | State                                       | Country | Postal Code |  |
| TREASURER  | MARIE A M   | JRPHY   | 516 5TH AVE S                              | NAMPA                | ID  | USA     | 83651       |  |
| SECRETARY  | DEBORAH M   | URPHY   | 904 N HORTON ST                            | Nampa                | ID  | USA     | 83651       |  |
| TREASURER  | AARON MUR   | RPHY  | 516 5TH AVE S                              | NAMPA                | ID  | USA     | 83651       |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Repor   | t must be signed.*                         |                      |   |         |             |  |
| ID<br>C 151373   |   | Signature: Dennis Murphy  |  |                      | Date: 08/13/2009                            |         |             |  |
|  |   | Name (type o  |  | Title: Pastor        |   |         |             |  |
| Processed 08/13/2009   | * Electronically provided signatures are accepted as original signatures. |   |  |                      |   |         |             |  |