No. <b>C 194119</b>		Due no	later than Mar 31, 2016	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to remove an account their section	LINDSAY KEVAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  GROW HOPE INC. LINDSAY KATHERINE COX 1631 GRANDVIEW DRIVE NORTH TWIN FALLS ID 83301		TWIN FALLS	1631 GRANDVIEW DRIVE NORTH TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	s and Busine	ess Addresses of Pres	ident, Secretary, and Directors. Treas	urer (optional).				
Office Held N	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR K	TOR KELLEY GOLAY		3964 NORTH 3610 EAST 5 NORTHRIDGE WAY 258 WILDBRUSH CIRCLE	KIMBERLY JEROME TWIN FALLS	ID ID ID	USA USA USA	83341 83338-6200 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lindsay Cox			Date: 03/23/2016			
C 194119		Name (type or print): Lindsay Cox			Title: President			
Processed 03/23/2016	* Electronically provided signatures are accepted as original signatures.							