

## FILED EFFECTIVE

## REINSTATEMENT

| No. <b>C 144304</b>   | <b>Annual Report Form</b><br>ADMIN DISSOLVED 09/04/2003   |  |             | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                       |            |  |                    |             |                               |             |              |            |           |                |            |            |    |       |           |             |            |            |    |       |
|---|---|--|-------------|--|------------|--|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|----------------|------------|------------|----|-------|-----------|-------------|------------|------------|----|-------|
| Return to:<br><b>SECRETARY OF STATE<br/>700 WEST JEFFERSON<br/>PO BOX 83720<br/>BOISE, ID 83720-0080</b><br><br><b>FEE DUE \$30.00</b>  | 1. Mailing Address: Correct in this box, if applicable<br><br><b>NEW BEGINNINGS COUNSELING AND MEDIA<br/>862 BLUE LAKES BLVD N<br/>TWIN FALLS, ID 83301</b> |  |             | <b>DEBORAH A GIBSON<br/>862 BLUE LAKES BLVD N<br/>TWIN FALLS, ID 83301</b> |            |  |                    |             |                               |             |              |            |           |                |            |            |    |       |           |             |            |            |    |       |
|   |   |  |             | 3. <u>New registered agent signature</u>                                   |            |  |                    |             |                               |             |              |            |           |                |            |            |    |       |           |             |            |            |    |       |
| <p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors<br/>           Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)</p> <table> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Deborah Gibson</td> <td>PO Box 937</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>Secretary</td> <td>Russ Gibson</td> <td>PO Box 937</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table> |   |  |             |  |            |  | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President | Deborah Gibson | PO Box 937 | Twin Falls | ID | 83303 | Secretary | Russ Gibson | PO Box 937 | Twin Falls | ID | 83303 |
| <u>Office held</u>  | <u>Name</u>   | <u>Street or P.O. Address</u>                | <u>City</u> | <u>State</u>   | <u>Zip</u> |  |                    |             |                               |             |              |            |           |                |            |            |    |       |           |             |            |            |    |       |
| President   | Deborah Gibson  | PO Box 937                                   | Twin Falls  | ID   | 83303      |  |                    |             |                               |             |              |            |           |                |            |            |    |       |           |             |            |            |    |       |
| Secretary   | Russ Gibson   | PO Box 937                                   | Twin Falls  | ID   | 83303      |  |                    |             |                               |             |              |            |           |                |            |            |    |       |           |             |            |            |    |       |
| 5. Organized under the laws of:<br><br><b>IDAHO<br/>C 144304</b>  | 6.<br>Signature<br><br>Name (Typed or Printed)  | Date <u>9/02/03</u> Title <u>OC CO Pres.</u> |             |  |            |  |                    |             |                               |             |              |            |           |                |            |            |    |       |           |             |            |            |    |       |

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