| No. C 125311 Return to: | | Due no later than Aug 31, 2015 Annual Report Form | 2 | Registered Agent and Address (NO PO BOX) CHARLES M RICE | | | |
|---|----------------|---|----------|---|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF | | 1. Mailing Address: Correct in this box if needed. LIVING HOPE CLINIC, INC. CHARLES M RICE 3308 N COLE RD A BOISE ID 83704-1407 | | 3308 N COLE RD STE A BOISE ID 83704-1407 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | USA | | | | | |
| 4. Corporations: Enter Na | ames and Busin | ess Addresses of President, Secretary, and Directors. Treas | surer (o | ptional). | | | |
| Office Held | Name | Street or PO Address | | City | State | Country | Postal Code |
| SECRETARY DOROTHY R | | ICE 3308 N. COLE RD, STE. A | | BOISE | ID | USA | 83704-1407 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Charles M. Rice Date: 06/22/2015 | | | | | |
| C 125311 | | Name (type or print): Charles M. Rice | | Title: Ph.D. | | | |
| Processed 06/22/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |