

No. C 142694

Due no later than February 29, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

NEW HOPE CLINIC INC.
518 BANK ST STE 200
WALLACE, ID 83873

ERROL H ARFORD
518 BANK ST STE 200
WALLACE, ID 83873

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	ERROL H ARFORD	518 Bank St. Ste 200	WALLACE	ID	83873
Business Manager	Betty J. ARFORD	518 Bank St. Ste 200	WALLACE	ID	83873

5. Organized Under the Laws of:
IDAHO
C 142694

6. Signature Errol H. Arford Date Dec 11th 2007
Name (Typed or Printed) ERROL H. ARFORD Title President