

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

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

NO FILING FEE IF  
RECEIVED BY DUE DATE

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*

Issued 12/03/2007

Do Not Tape or Staple

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