No. C 162915		Due no later than Oct 31, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		STEVE SUMNER				
SECRETARY OF STATE	1. Mailir	1. Mailing Address: Correct in this box if needed. CHRISTIAN LIFE CENTER, INC. STEVE SUMNER PO BOX 1600		112 HOLLY NAMPA ID 83651				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STEVE S							
	NAMPA II	NAMPA ID 83653-1600		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and B	usiness Addresse	s of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
DIRECTOR STEVE SUMNER		170 2ND STREET SOUTH		NAMPA	ID	USA	83651	
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature	Signature: Steve Sumner			Date: 09/24/2014			
C 162915	Name (ty	Name (type or print): Steve Sumner			Title: Director			
Processed 09/24/2014	* Electronica	* Electronically provided signatures are accepted as original signatures.						