

|  |              |  |       |   |         |                  |  |
|--|--------------|--|-------|---|---------|------------------|--|
| No. <b>C 125311</b>  |              | <b>Due no later than Aug 31, 2017</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LIVING HOPE CLINIC, INC.<br>CHARLES M RICE<br>3308 N COLE RD<br>A<br>BOISE ID 83704-1407<br>USA |       | CHARLES M RICE<br>3308 N COLE RD STE A<br>BOISE ID 83704-1407 |         |                  |  |
|  |              |  |       | 3. <u>New</u> Registered Agent Signature:*                    |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |              |  |       |   |         |                  |  |
| Office Held  | Name         | Street or PO Address   | City  | State   | Country | Postal Code      |  |
| SECRETARY  | DOROTHY RICE | 3308 N. COLE RD, STE. A  | BOISE | ID  | USA     | 83704-1407       |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>C 125311</b>   |              | Signature: Charles M. Rice, Ph.D.  |       |   |         | Date: 06/19/2017 |  |
|  |              | Name (type or print): Charles M. Rice, Ph.D.   |       |   |         | Title: Owner     |  |
| Processed 06/19/2017   |              | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |