

No. C 172671	Due no later than Apr 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALING LEAVES MINISTRY INC. ROBERT MCCLINTOCK PO BOX 1329 PRIEST RIVER ID 83856		ROBERT A MCCLINTOCK 1221 ALBENI HWY STE 1 PRIEST RIVER ID 83856			
			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	LORI MCCLINTOCK	3323-C DAISY MINE RD	RICE	WA	USA	99167
DIRECTOR	JERRY WALLACE	3514 DAISY MINE RD	RICE	WA	USA	99167
5. Organized Under the Laws of: ID C 172671	6. Annual Report must be signed.* Signature: Lori McClintock Name (type or print): Lori McClintock		Date: 02/24/2009 Title: Secretary			
Processed 02/24/2009		* Electronically provided signatures are accepted as original signatures.				