No. C 198648		Due no later than Jun 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. HOPE PREGNANCY RESOURCE CENTER, INC. LORI A SCHOONMAKER 404 CAMERON AVE KELLOGG ID 83837		2. Registered A	2. Registered Agent and Address (NO PO BOX) LORI A SCHOONMAKER 901 N DIVISION ST PINEHURST ID 83850 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				901 N DIVISI PINEHURST				
		ess Addresses of Pre	sident, Secretary, and Directors. Treas	urer (optional).				
Office Held Nan	ne		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR LOR	LORI SCHOONMAKER		12985 S MAIN DRIVE	CATALDO	ID	USA	83810	
DIRECTOR THE	IRECTOR THEODORE S		12985 S MAIN DRIVE	CATALDO	ID	USA	83810	
DIRECTOR RYA	ECTOR RYAN STICE		311 S MAPLE ST	KELLOGG	ID	USA	83837	
DIRECTOR JIM BEST			401 W RIVERSIDE AVE	KELLOGG	ID	USA	83837	
DIRECTOR LISA BEAMAI		N	627 MCKINLEY AVE	KELLOGG	ID	USA	83837	
DIRECTOR BILL	_ HOWAR	RD	2 LUOMA STREET	KINGSTON	ID	USA	83839	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 198648		Signature: Lori A		Date: 04/24/2018				
		Name (type or pr		Title: Director				
Processed 04/24/2018 * Electronically provided signatures are accepted as original signatures.								