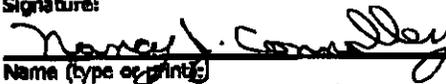


No. C 144450 Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) NANCY J CONNOLLEY 620 W.N. 2ND ST. GRANGEVILLE ID 83530																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HOPE PREGNANCY CENTER OF CENTRAL IDAHO, INC. NANCY J. CONNOLLEY 620 W.N. 2ND ST. PO Box 504 GRANGEVILLE ID 83530 USA	3. <u>New</u> Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Board Chair/President</td> <td>Ken Carpenter</td> <td>378 Cove Rd.</td> <td>Grangeville</td> <td>ID</td> <td>USA</td> <td>83530</td> </tr> <tr> <td>Secretary</td> <td>Charlotte Carlson</td> <td>234 SE First St</td> <td>Grangeville</td> <td>ID</td> <td>USA</td> <td>83530</td> </tr> <tr> <td>Director</td> <td>Charlotte DeArmond</td> <td>72 Shabang Creek</td> <td>Grangeville</td> <td>ID</td> <td>USA</td> <td>83530</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Board Chair/President	Ken Carpenter	378 Cove Rd.	Grangeville	ID	USA	83530	Secretary	Charlotte Carlson	234 SE First St	Grangeville	ID	USA	83530	Director	Charlotte DeArmond	72 Shabang Creek	Grangeville	ID	USA	83530
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5. Organized Under the Laws of: IDAHO C 144450	6. Signature:  Name (type or print): Nancy J. Connolley																													
		Date: 1-3-2014 Title: Center Director																												

Issued 01/03/2014 by JAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____