

No. 59209	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX ELLA MILLER 2265 CENTER AVENUE PAYETTE ID 83661																								
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> HEALING LIGHT FOUNDATION (T ELLA M. MILLER 2265 CENTER AVENUE  PAYETTE ID 83661	3. Incorporated Under The Laws of <u>10</u> NO: 059209																								
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>ELLA Miller</td> <td>2265 center av</td> <td>Payette</td> <td>Id</td> <td>83661</td> </tr> <tr> <td>Secretary:</td> <td>Dorothy Hansen</td> <td>408 So Eleventh</td> <td>Payette</td> <td>Id</td> <td>83661</td> </tr> <tr> <td>Directors:</td> <td>Elsie Thompson</td> <td>4263 Blaine av</td> <td>New Plymouth</td> <td>Id</td> <td>83661</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	ELLA Miller	2265 center av	Payette	Id	83661	Secretary:	Dorothy Hansen	408 So Eleventh	Payette	Id	83661	Directors:	Elsie Thompson	4263 Blaine av	New Plymouth	Id	83661
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5. Nature of Business <i>Religious, Health          Education</i>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Ella Miller</u> Date <u>10-1-91</u> Name <small>(Typed or Printed)</small> <u>ELLA MILLER</u> Title <u>PRES</u>																									