

No. C 142694

Due no later than February 28, 2009
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NEW HOPE CLINIC INC.
518 BANK ST STE 200
WALLACE, ID 83873ERROL H ARFORD
518 BANK ST STE 200
WALLACE, ID 83873NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

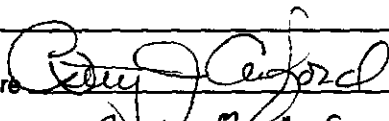
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Director/owner	Errol H Arford	518 Bank Ste. 200	Wallace	ID	83873
Office manager/owner	Betty J Arford	518 Bank Ste 200	Wallace	ID	83873

5. Organized Under the Laws of:

IDAHO
C 142694

6.

Signature



Date

12/22/08

Name (Typed or Printed)

Betty J Arford

Title

Office Manager

Issued 12/01/2008

Do Not Tape or Staple

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