No. <b>C 205225</b>		Due no later than Mar 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed. LIVING WATERS HEALING MINISTRY, INC. LIVING WATERS HEALING MINISTRY PO BOX 81 IONA ID 83427 USA		2. Registered	2. Registered Agent and Address (NO PO BOX)  NICKI STEPHENS 401 MAY STREET IDAHO FALLS ID 83401-8340  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				401 MAY S				
				3. <u>New</u> Regist				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Ente	er Names and Busin	ess Addresses	of President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	STEVE MCC	LEAN	P.O. BOX 81	IONA	ID	USA	83427	
DIRECTOR	ECTOR ALBERT SMIT		P.O. BOX 81	IONA	ID	USA	83427	
DIRECTOR	ECTOR NICKI STEPHENS		P.O. BOX 81	IONA	ID	USA	83427	
SECRETARY	CRETARY NICKI STEPHENS		P.O. BOX 81	IONA	ID	USA	83427	
TREASURER	ASURER NICKI STEPHENS		P.O. BOX 81	IONA	ID	USA	83427	
PRESIDENT	NICKI STEP	HENS	P.O. BOX 81	IONA	ID	USA	83427	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nicki Stephens		Date:	Date: 03/06/2017			
C 205225		Name (type or print): Nicki Stephens		Title:	Title: Director, Treasurer			
Processed 03/06/201	7	* Electronical	y provided signatures are accepted as origin	nal signatures.				