| No. C 112372 | | Due no later than Oct 31, 2008 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---------------|---|--|-----------------------|---|------------------|-------------|--|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | Annual Report Form Address: Correct in this box if needed. R CHRISTIAN THERAPY, INC. | 3631 OVER %CHRISTI | KEVIN RHINEHART 3631 OVERLAND ROAD %CHRISTIAN COUNSELING CENTER BOISE ID 83705 | | | | |
| | | KEVIN RHINEHART 3631 OVERLAND RD BOISE ID 83705 | | | 3. New Registered Agent Signature:* | | | | |
| NO FILING RECEIVED BY | | | | | | | | | |
| 4. Corporations: Enter | Names and Bus | iness Addresses o | f President, Secretary, and Directors. Treasu | ırer (optional). | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | | |
| PRESIDENT | KEVIN P R | HINEHART | 3631 OVERLAND | BOISE | ID | USA | 83705 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: k | Signature: Kevin Rhinehart | | | Date: 08/16/2008 | | | |
| C 112372 | | Name (type | | Title: President | | | | | |
| Processed 08/16/2008 | | * Electronically | provided signatures are accepted as original | signatures. | | | | | |