

<p>No. <b>C 116861</b></p>	<p align="center"><b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015</b></p>		<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b></p>																					
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b></p> <p>LIFE VISION, INC. WADE HILLEBRANT 235 S KAREY LN IDAHO FALLS ID 83402</p>		<p>TONJA HILLEBRANT 235 S KAREY LN IDAHO FALLS ID 83402</p> <p>3. <b>New Registered Agent Signature.</b></p>																					
<p>Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</p>																								
<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>President</td> <td>Tonja J. Hillebrant</td> <td>235 S. Karey Ln,</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Sec/Treas.</td> <td>Thomas Wade Hillebrant</td> <td></td> <td></td> <td>same</td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Tonja J. Hillebrant	235 S. Karey Ln,	Idaho Falls,	ID		83402	Sec/Treas.	Thomas Wade Hillebrant			same		
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Sec/Treas.	Thomas Wade Hillebrant			same																				
<p>5. Organized Under the Laws of:</p> <p align="center"><b>IDAHO C 116861</b></p>	<p>6.</p> <p>Signature: <u>Thomas Wade Hillebrant</u> Date: <u>3/6/15</u></p> <p>Name (type or print): <u>Thomas Wade Hillebrant</u> Title: <u>Sec/Treas.</u></p>																							
<p>Issued 01/23/2015 by online</p>																								

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**