| No. <b>C 172460</b>   |   | Due no later than Apr 30, 2018 2. Registered Agent and Address (NO PO B                            |  |       |         |             |
|---|---|--|--|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                               |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  HOPE WELLNESS CENTER, INC. | ED SNELL<br>1015 E YOUNG<br>POCATELLO ID 83201 |       |         |             |
|   |   | ED SNELL<br>1017 E YOUNG<br>POCATELLO ID 83201   | 3. <u>New</u> Registered Agent Signature:*     |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |   |  |  |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |  |  |       |         |             |
| Office Held N   | Name  | Street or PO Address   | City   | State | Country | Postal Code |
| PRESIDENT ED L SNELL  |   | 1017 E YOUNG ST  | POCATELLO                                      | ID    | USA     | 83201       |
| 5. Organized Under the Laws of:   |   | 6. Annual Report must be signed.*  |  |       |         |             |
| ID  |   | Signature: Ed L. Snell   | Date: 05/01/2018                               |       |         |             |
| C 172460  |   | Name (type or print): Ed L. Snell  | Title: President                               |       |         |             |
| Processed 05/01/2018  | * Electronically provided signatures are accepted as original signatures. |  |  |       |         |             |