No. C 199347	D	Due no later than Aug 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTH HILLS RETREAT CENTER INC. ROBERT S. FORT 1708 HEYBURN AVE E TWIN FALLS ID 83301		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SOUTH HILLS ROBERT S. 1708 HEYBUR			JASON COON 1708 HEYBURN AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names an		FPresident, Secretary, and Directors. Treasu	urer (ontional)				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	HEW COLEMAN ELL DAY	614 WINDEMERE DR. #201 6732 N JENNIFER LN	TWIN FALLS IDAHO FALLS	ID ID	USA USA	83301 83401	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID	Signature: R	Signature: Robert S. Fort		Date: 07/04/2015			
C 199347	Name (type	Name (type or print): Robert S. Fort		Title: Treasurer			
Processed 07/04/2015	ed 07/04/2015 * Electronically provided signatures are accepted as original signatures.						