

No. <u>C 125311</u>	<b>Annual Report Form</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>	* Mailing Address - Please Correct if Not Correct LIVING HOPE CLINIC INC 3308 N COLE RD STE A BOISE ID 83704		CHARLES M RICE 3308 N COLE RD STE A BOISE ID 83704 3. Organized Under the Laws of: C 125311																			
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Office held</th> <th style="width:25%;">Name</th> <th style="width:35%;">Street or P.O. Address</th> <th style="width:15%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Charles M. Rice</td> <td>3308 N. Cole Rd, Ste A</td> <td>Boise</td> <td>20</td> <td>83704</td> </tr> <tr> <td>Co-owner</td> <td>Dorothy E. Rice</td> <td>4011 West Clement Rd.</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Charles M. Rice	3308 N. Cole Rd, Ste A	Boise	20	83704	Co-owner	Dorothy E. Rice	4011 West Clement Rd.	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Charles M. Rice	3308 N. Cole Rd, Ste A	Boise	20	83704																	
Co-owner	Dorothy E. Rice	4011 West Clement Rd.	"	"	"																	
5. <u>New</u> Registered Agent Signature		6. Signature <u>Charles M. Rice, Ph.D.</u> Date <u>12/20/99</u> Name (Typed or Printed) <u>Charles M. Rice, Ph.D.</u> Title <u>Owner/Licensed Psychologist</u>																				