

No. C 205225	Due no later than Mar 31, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LIVING WATERS HEALING MINISTRY, INC. LIVING WATERS HEALING MINISTRY PO BOX 81 IONA ID 83427 USA	NICKI STEPHENS 401 MAY STREET IDAHO FALLS ID 83401-8340 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	STEVE MCCLEAN	P.O. BOX 81	IONA	ID	USA	83427
DIRECTOR	ALBERT SMITH	P.O. BOX 81	IONA	ID	USA	83427
DIRECTOR	NICKI STEPHENS	P.O. BOX 81	IONA	ID	USA	83427
SECRETARY	NICKI STEPHENS	P.O. BOX 81	IONA	ID	USA	83427
TREASURER	NICKI STEPHENS	P.O. BOX 81	IONA	ID	USA	83427
PRESIDENT	NICKI STEPHENS	P.O. BOX 81	IONA	ID	USA	83427
5. Organized Under the Laws of: ID C 205225	6. Annual Report must be signed.* Signature: Nicki Stephens Name (type or print): Nicki Stephens		Date: 03/30/2016 Title: President, Exec. Officer			
Processed 03/30/2016		* Electronically provided signatures are accepted as original signatures.				