No. C 125311	Due no later than August 31, 2003	2. Registered Agent and Office NO PO BO
Return to:	Annual Report Form	
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	CHARLES M RICE
700 WEST JEFFERSON	LIVING HOPE CLINIC, INC.	3308 N COLE RD STE A
PO BOX 83720		BOICE ID 00704
BOISE, ID 83720-0080	3308 N COLE RD STE A	BOISE, ID 83704
NO FILING FEE IF	BOISE, ID 83704	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
4. Corporations: Enter N	ames and Business Addresses of President, Secreta	ly and Directors
_Office held Name	Standard BO Add	
	Street or P.O. Address City	<u>State</u> Zip
President Cha	rles M.R.ce 3308 N. Cole Rd, STP. A	
	rles M.R.ce 3308 M.Cole Rd, SIP. A	B=3e QD 83704
President Cha	rles M.R.ce 3308 M.Cole Rd, SIP. A	B=3e 20 83704
. Organized Under the Laws of:	rles M.R.ce 3308 M.Cole Rd, STR. A	B=3e QD 83704