

No. C 177787	Due no later than Mar 31, 2013 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.	KATIE LAMB 1619 CURLEW SUITE 4 AMMON ID 83406				
	TOUCH OF HOPE FROM THETAHEALING INC KATIE R. LAMB 1619 CURLEW SUITE 4 AMMON ID 83406 USA	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	KATIE R LAMB	182 N. 3950 E.	RIGBY	ID	USA	83442-5744
5. Organized Under the Laws of: ID C 177787	6. Annual Report must be signed.* Signature: Katie Lamb Name (type or print): Katie Lamb		Date: 01/21/2013 Title: President			
Processed 01/21/2013		* Electronically provided signatures are accepted as original signatures.				