

No. C 205225		Due no later than Mar 31, 2018		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		Annual Report Form 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
VICE PRESIDENT	STEVE MCCLEAN	401 MAY STREET	IDAHO FALLS	ID	USA	83401
DIRECTOR	ALBERT SMITH	401 MAY STREET	IDAHO FALLS	ID	USA	83401
PRESIDENT	NICKI STEPHENS	401 MAY STREET	IDAHO FALLS	ID	USA	83401
SECRETARY	NICKI STEPHENS	401 MAY STREET	IDAHO FALLS	ID	USA	83401
TREASURER	NICKI STEPHENS	401 MAY STREET	IDAHO FALLS	ID	USA	83401
DIRECTOR	NICKI STEPHENS	401 MAY STREET	IDAHO FALLS	ID	USA	83401
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: 03/30/2018 Title: DIRECTOR				
Processed 03/30/2018		* Electronically provided signatures are accepted as original signatures.				