No. <b>C 154117</b>				2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		G ERBES	The state of the s			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HWS MINISTRIES, LTD.  DR. G. EVERSOLE  IN CARE OF PO BOX 362  KELLOGG ID 83837		MOSCOW II	220 E 5TH #8661 MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busi	ness Addresses of	f President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DR. G. EVE	RSOLE	IN CARE OF PO BOX 362	KELLOGG	ID	USA	83837	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 154117		Signature: D		Date: 03/20/2008				
		Name (type		Title: President				
Processed 03/20/2008		* Electronically	provided signatures are accepted as origin	al signatures.				