

No. C 125311	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES M RICE 3308 N COLE RD STE A BOISE ID 83704														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LIVING HOPE CLINIC, INC. CHARLES M RICE 3308 N COLE RD STE A BOISE ID 83704 USA		3. <u>New</u> Registered Agent Signature.														
REINSTATEMENT FEE DUE: \$30.00																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Sec</td> <td>Garrett Mark</td> <td>3308 N Cole Rd Ste A</td> <td>Boise</td> <td>ID</td> <td></td> <td>83704</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Sec	Garrett Mark	3308 N Cole Rd Ste A	Boise	ID		83704
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Sec	Garrett Mark	3308 N Cole Rd Ste A	Boise	ID		83704											
5. Organized Under the Laws of: IDAHO C 125311		6. Signature: <u>Charles M. Rice, Ph.D.</u> Date: <u>12/04/14</u> Name (type or print): <u>Charles M. Rice, Ph.D.</u> Title: <u>Owner</u> <u>Psychologist</u>															
Issued 12/04/2014 by online																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**