

No. C 184468	Due no later than Sep 30, 2015 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. HEALING ROOMS OF MOUNTAIN HOME INC. SHARON L STRYKER 4450 SW LARK DRIVE MOUNTAIN HOME ID 83647 USA	SHARON STRYKER 4450 SW LARK DRIVE MOUNTAIN HOME ID 83647 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
TREASURER	LUCILLE HAMILTON	27096 INDIAN COVE	HAMMETT	ID	USA	83627-4367
DIRECTOR	SHARON L STRYKER	925 HALEY CT.	MOUNTAIN HOME	ID	USA	83647-4367
SECRETARY	CARLA BRADLEY	1010 E 17TH N	MOUNTAIN HOME	ID	USA	83647-4367
5. Organized Under the Laws of: ID C 184468	6. Annual Report must be signed.* Signature: Sharon L Stryker Name (type or print): Sharon L Stryker		Date: 09/20/2015 Title: Director			
Processed 09/20/2015		* Electronically provided signatures are accepted as original signatures.				