

No. C 169180		Due no later than Oct 31, 2018 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.		KRISS MITCHELL 761 N THORNTON ST STE C POST FALLS ID 83854			
		LIVING WELL MINISTRIES, INC. KRISS MITCHELL 761 N THORNTON ST SUITE C POST FALLS ID 83854		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	
DIRECTOR	KRISS MITCHELL	2081 W GRANGE AVE	POST FALLS	ID	USA	83854	
SECRETARY	FAITH K MITCHELL	2081 W GRANGE AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 169180		6. Annual Report must be signed.* Signature: Kriss Mitchell Name (type or print): Kriss Mitchell					
		Date: 08/20/2018 Title: Director					
Processed 08/20/2018 * Electronically provided signatures are accepted as original signatures.							