

No. C 125311		Due no later than Aug 31, 2009 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. LIVING HOPE CLINIC, INC. CHARLES M RICE 3308 N COLE RD STE A BOISE ID 83704 USA		CHARLES M RICE 3308 N COLE RD STE A BOISE ID 83704			
				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	
SECRETARY	DOROTHY RICE	3308 N. COLE RD, STE. A	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 125311		6. Annual Report must be signed.* Signature: Dr. Charles M. Rice, Ph.D. Name (type or print): Dr. Charles M. Rice, Ph.D.				Date: 09/08/2009 Title: Business Owner	
Processed 09/08/2009		* Electronically provided signatures are accepted as original signatures.					