



State of Utah

DEPARTMENT OF COMMERCE
Division of Corporations & Commercial Code

CO 122542
Division File Number

REINSTATEMENT Application for Reinstatement of:



Must be typewritten

RECEIVED
MAR 21 1996

Utah Div. of Corp.
& Comm. Code

Check Appropriate Box	Fee	I Herby certify that the foregoing has been filed and approved on the <u>21</u> day of <u>MARCH</u> 19 <u>96</u> in the office of this Division and hereby issue this Certificate thereof.
<input type="checkbox"/> Profit Corporation*	\$60.00	
<input checked="" type="checkbox"/> Non-profit Corporation	\$30.00	
<input type="checkbox"/> Limited Partnership	\$50.00	
<input type="checkbox"/> Limited Liability Company	\$50.00	

State of Utah
Department of Commerce
Division of Corporations and Commercial Code

Examiner

Date 3/21/96



Karla T. Woods
KORLA T. WOODS
Division Director

Life-Line, Inc.

Business Entity Name

I, ROBERT B. HANSEN hereby declare and affirm that:
Name

I am an OFFICER (GEN. COUNSEL) AND TRUSTEE of LIFE-LINE, INC.
Officer, General Partner or Member Business Name

which was involuntarily dissolved or canceled on the 15 day of March, 1994, under provisions of Utah law.

I hereby remedy all prior defaults and file herewith a current annual report together with the required annual report and statutory reinstatement fee.

I hereby make application for reinstatement and request the Division of Corporations and Commercial Code of the State of Utah to issue a Certificate of Reinstatement and, under penalties of perjury, I declare that the foregoing statement is, to the best of my knowledge and belief, true and correct.

*If the above mentioned corporation name is not available for use at the time of reinstatement, the following corporation name shall be used:

N/A

New Corporation Name

By: Robert B. Hansen Title: Trustee & General Counsel

Phone Number: 298-4000

Submit the following items with this application:

- An Annual Report showing the new registered agent's signature
- A tax letter of Good Standing from the Utah Tax Commission (if applicable)
- Your filing fee payable to the State of Utah.

State of Utah
Division of Corporations
and Commercial Code
160 East 300 South/Box 45801
Salt Lake City, Utah 84145-0801
(801)530-4849



STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF CORPORATIONS AND COMMERCIAL CODE



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ID 3-194

NON-PROFIT CORPORATION ANNUAL REPORT

Utah Div. of Corp.

THIS FORM MUST BE COMPLETED IN FULL. Pursuant to Utah Law, all non-profit corporations must file annual reports and corrections within the month of their anniversary date. Failure to do so will result in Delinquency, Suspension, then Revocation or Involuntary Dissolution of the corporate charter.

CORPORATION FILE # 122542 INCORPORATED OR QUALIFIED DATE 09 / 188 MONTH YEAR

1. CORPORATE NAME Lifeline Life-Line, Inc.

2. REGISTERED AGENT Robert B. Hansen

3. REGISTERED OFFICE ADDRESS 1130 W. Center St.

4. CITY, STATE & ZIP North Salt Lake, UT 84054

*838 10th Ave
Salt Lake City, UT 84143
Robert B. Hansen
Registered agent must be in Utah*

5. INCORPORATED IN THE STATE AND UNDER THE LAWS OF Utah

6. ADDRESS OF THE PRINCIPAL OFFICE IN THE HOME STATE.
1130 W. Center St.
North Salt Lake, UT 84054

(Street Address) (City)
(State or Country) (ZIP)

Optional officers may be listed in this box.

7. PRESIDENT (program) Director) Vernon Utley
ADDRESS _____
CITY HIGHLAND, UTAH STATE _____ ZIP _____

8. VICE PRESIDENT (Assistant Program Director) Jim Smith
ADDRESS _____
CITY 2899 BRANCH DRIVE STATE _____ ZIP 84117

9. SECRETARY Gloria Wright
ADDRESS _____
CITY HOLIDAY, UTAH STATE _____ ZIP _____

10. TREASURER Gloria Wright
ADDRESS _____
CITY 137 LINCOLN ST STATE _____ ZIP _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____

GOVERNING BOARD OF TRUSTEES
MINIMUM OF THREE MUST BE LISTED IN SPACE PROVIDED BELOW

11. NAME Robert Gunn, Chm.
ADDRESS _____
CITY _____ STATE _____ ZIP _____

12. NAME Daivid Ostler
ADDRESS _____
CITY _____ STATE _____ ZIP _____

13. NAME Karen Cløfford
ADDRESS _____
CITY _____ STATE _____ ZIP _____

ROBERT B. HANSEN
ADDRESS 838 18th Ave
CITY SLL STATE UT ZIP 84103

(Additional Officers or Governing Board of Trustees may be listed on the back of this form)

Under penalties of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

14. BY Robert B. Hansen
(MUST BE SIGNED BY A CORPORATE OFFICER OR TRUSTEE)

15. Gen. Con. STAFF
(Title or Position)

16. MAR. 21, 1996 1996
(Date)

IF THERE ARE NO CHANGES FROM THE PREVIOUS YEAR AND YOU HAVE ALL CORPORATE REQUIREMENTS YOU MAY DETACH THE COUPON BELOW, COMPLETE IT AND RETURN IT TO OUR OFFICE WITH YOUR PAYMENT.

Board of Trustees (3/20/96)

Steve Gunn
4515 So. 2995 East
Salt Lake City, UT 84117
278-2595
SS# *Private Information*

David Ostler
2666 Hillside Dr.
P.O. Box 17844
SLC, UT 84117
277-6500
SS# *Private Information*

Marie George
770 East 1200 North
Bountiful, UT 84010
295-7745
SS# *Private Information*

Karen Clifford
23040 Guidott
Salinas, CA 93908
(408) 484-9426
SS# *Private Information*