

No. C 19370	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct IDAHO ASSOCIATION OF NATUROPS DR. ELWIN C. KLEIN 1130 11TH AVE. LEWISTON ID 83501		DR. ELWIN C. KLEIN 1130 11TH AVE. LEWISTON ID 83501 3. Organized Under the Laws of: ID C 19370																																				
* FIRST NOTICE *																																							
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DR. ELWIN KLEIN</td> <td>1130 11th AVE.</td> <td>LEWISTON</td> <td>ID.</td> <td>83501</td> </tr> <tr> <td>SECRETARY</td> <td>DR. BRENT MATHIEU</td> <td>4130 PLUM ST.</td> <td>BOISE</td> <td>ID.</td> <td>83702</td> </tr> <tr> <td>DIRECTORS -</td> <td>DR. DAN O'NEILL</td> <td>167 LINCOLN WAY</td> <td>COEUR D'ALENE</td> <td>ID.</td> <td>83814</td> </tr> <tr> <td></td> <td>- DR. TIM BIRDALL</td> <td>7005 SELLE ROAD</td> <td>SANDPOINT</td> <td>ID.</td> <td>83864</td> </tr> <tr> <td></td> <td>- DR. MITTON NELSON</td> <td>447 NO. 1800 E. ST.</td> <td>ANTHONY</td> <td>ID.</td> <td>83440</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DR. ELWIN KLEIN	1130 11th AVE.	LEWISTON	ID.	83501	SECRETARY	DR. BRENT MATHIEU	4130 PLUM ST.	BOISE	ID.	83702	DIRECTORS -	DR. DAN O'NEILL	167 LINCOLN WAY	COEUR D'ALENE	ID.	83814		- DR. TIM BIRDALL	7005 SELLE ROAD	SANDPOINT	ID.	83864		- DR. MITTON NELSON	447 NO. 1800 E. ST.	ANTHONY	ID.	83440
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5. NATURE OF BUSINESS NATURAPATHIC	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Dr. Elwin Klein</u> Date <u>8/6/96</u> Name (Typed or Printed) <u>ELWIN C. KLEIN</u> Title <u>ND.</u>																																						

ISSUED: 07-06-1996

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