

No. <b>C 153795</b>		<b>Due no later than Mar 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JERRY K GARNER 1210 E 17TH ST IDAHO FALLS ID 83404			
		<b>1. Mailing Address: Correct in this box if needed.</b>  ALTERNATIVE HEALTH CLINIC, INC. CHRISTINE GARNER 1210 E 17TH ST IDAHO FALLS ID 83404		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	CHRISTINE GARNER	1210 E 17TH ST	IDAHO FALLS	ID	USA	83404	
PRESIDENT	JERRY GARNER	1210 E 17TH ST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 153795</b>		Signature: Christine Garner			Date: 02/12/2017		
		Name (type or print): Christine Garner			Title: Secretary		
Processed 02/12/2017		* Electronically provided signatures are accepted as original signatures.					