| No. C 146294 | | Due no later than Nov 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------------------|--|----------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | LEONARD S SCHULTE CPA 6913 MAIN ST | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | WILD OATS RICHARD M PO BOX 352 | 1. Mailing Address: Correct in this box if needed. WILD OATS EDUCATION, INC. RICHARD M SIMPSON PO BOX 3521 COEUR D'ALENE ID 83816 BONNERS FERRY ID 83805 3. New Registered Agent Signature:* | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and | d Business Addresses o | of President, Secretary, and Directors. T | reasurer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT RICHA | RD M SIMPSON | PO BOX 3521 | COEUR D' A | LENE ID | USA | 83816 | |
| 5. Organized Under the Laws of: | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: I | Richard M Simpson | | Date: 12/28/2009 | | | |
| C 146294 | Name (type | or print): Richard M Simpson | | Title: Director | | | |
| Processed 12/28/2009 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |