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|--|-------------------|---|-----------|--|---------|--------------------------------------|--|--|--|
| No. C 177519 | | Due no later than Mar 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. HERBAL HEALTH SOLUTION, INC. JAMES H HENDERSON 1212 9TH ST SOUTH STE A NAMPA ID 83651-4650 USA | | JAMES H HENDERSON 1212 9TH ST SOUTH STE A NAMPA ID 83651 | | | | | |
| | | | | 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 | | | |
| PRESIDENT | DONALD D MERRIT | 101 CONVENTION CENTER DR SUITE 700 | LAS VEGAS | NV | USA | 89109 | | | |
| SECRETARY | JAMES H HENDERSON | 1212 9TH ST SOUTH STE A | NAMPA | ID | USA | 83651 | | | |
| 5. Organized Under the Laws of: NV C 177519 | | 6. Annual Report must be signed.* Signature: James H. Henderson Name (type or print): James H. Henderson | | | | | | | |
| | | | | | | Date: 01/12/2009 Title: Secretary | | | |
| Processed 01/12/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |