

No.

W 1573

Annual Report Form

Due No Later Than November 30, 1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0830

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

ORCHARDS NATUROPATHIC CENTER
WINSTON V BEARD
2105 CORONADO

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2105 CORONADO

IDAHO FALLS ID 83404

3. Organized Under the Laws of:

IDAHO FALLS ID 83404

ID W 1573

4. Complete and Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Gary Orchard	985 Boise Ave.	Idaho Falls	ID	83402
Janet Orchard	985 Boise Ave.	Idaho Falls	ID	83402
Gary Orchard	959 Cassia Ave.	Idaho Falls	ID	83402
Melanie Orchard	959 Cassia Ave.	Idaho Falls	ID	83402

5. SIGNATURE OF CURRENT RA

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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

Date

Name

(Typed or Printed)

Title

ISSUED: 07-08-1996

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