

No. C 186415	Due no later than Mar 31, 2011 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. CODY ACUPUNCTURE CLINIC. INC. ROSEMARY CODY PO BOX 4848 HAILEY ID 83333 USA	ROSEMARY CODY 12 E. WALNUT ST. HAILEY ID 83333	
		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	ROSEMARY CODY	P O BOX 4848	HAILEY ID USA 83333
5. Organized Under the Laws of: AK C 186415	6. Annual Report must be signed.* Signature: Rosemary Cody Name (type or print): Rosemary Cody		Date: 05/24/2011 Title: President
Processed 05/24/2011		* Electronically provided signatures are accepted as original signatures.	