

No. C123079	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX LAURA JOHNSON 1515 S COEUR D'ALENE ST 11950 E Shadow Ln RATHDRUM ID 83858 Arhol 83801
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct ALTERNATIVE HEALTH CARE, INC LAURA JOHNSON 1515 S COEUR D'ALENE ST #293 11950 E Shadow Ln 83801 RATHDRUM Arhol ID 83858		
** FINAL NOTICE **			3. Organized Under the Laws of: ID C123079
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u> President	<u>Name</u> Laura Johnson	<u>Street or P.O. Address</u> 11950 E Shadow Ln	<u>City</u> Arhol
		<u>State</u> ID	<u>Zip</u> 83801
5. <u>New</u> Registered Agent Signature		6.	
Signature <u><i>Laura Johnson</i></u>		Date <u>11-7-99</u>	
Name (Typed or Printed) <u>Laura Johnson</u>		Title <u>President/owner</u>	

ISSUED: 10-01-1999

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