

No. **C 136891**

Due no later than December 31, 2005

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

A NATURAL HEALTH CLINIC, INC.
11528 W FLORIDA DR
BOISE, ID 83709LINDA L HADLEY
11528 W FLORIDA DR
BOISE, ID 83709**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT LINDA L HADLEY

11528 W FLORIDA DR

BOISE

ID

83709

5. Organized Under the Laws of:

IDAHO
C 136891

6.

Signature

Linda L Hadley

Date

10.17.2005

Name (Typed or Printed)

LINDA L HADLEY

Title

OWNER

Issued 10/03/2005

Do Not Tape or Staple

200512006787