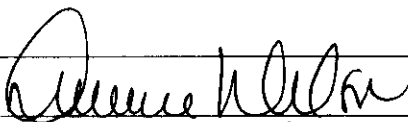


No. C 104035	Due no later than Nov 30, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX DAVID A RICE 657 BLUE LAKES BLVD NORTH TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HEALTH FOOD PLACE, INC. (THE) DAVID A RICE 657 BLUE LAKES BLVD NORTH TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	David A Rice	657 Blue Lakes N.	Twin Falls	Id	83301
V. Pres	Mary Ann Rice	657 Blue Lakes N.	Twin Falls	Id	83301
Secretary	Debbie Wilson	657 Blue Lakes N.	Twin Falls	Id	83301

5. Organized Under the Laws of: IDAHO C 104035	6. Signature  Name (Typed or Printed) <u>Debbie Wilson</u> <div style="float: right; text-align: right;"> Date <u>10.31.00</u> Title <u>Secretary</u> XXX </div>
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