

No. C 123079	Due no later than Mar 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX LAURA JOHNSON 11950 E. SHADOW LN ATHOL, ID 83801																									
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 ALTERNATIVE HEALTH CARE, INC. LAURA JOHNSON 11950 E. SHADOW LANE ATHOL, ID 83801		3. <u>New</u> Registered Agent Signature																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Laura Johnson</td> <td>11950 E Shadow Lane</td> <td>Athol</td> <td>ID</td> <td>83801</td> </tr> <tr> <td>Secretary</td> <td>Laura Johnson</td> <td>11950 E. Shadow Lane</td> <td>Athol</td> <td>ID</td> <td>83801</td> </tr> <tr> <td>Directors</td> <td>Laura Johnson</td> <td>11950 E. Shadow Lane</td> <td>Athol</td> <td>ID</td> <td>83801</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Laura Johnson	11950 E Shadow Lane	Athol	ID	83801	Secretary	Laura Johnson	11950 E. Shadow Lane	Athol	ID	83801	Directors	Laura Johnson	11950 E. Shadow Lane	Athol	ID	83801
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5. Organized Under the Laws of: IDAHO C 123079		6. Signature <u>Laura Johnson</u> Date <u>2-5-01</u> Name (Typed or Printed) <u>Laura Johnson</u> Title: <u>Owner</u>																										