No. **C 166913**	**Due no later than May 31, 2010** **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.** CLEARWATER COLONIC THERAPY, INC. SUSANN M CLARK 1639 GRELLE AVE LEWISTON ID 83501 USA	SUSANN CLARK 1639 GRELLE AVE LEWISTON ID 83501 3. New 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	SUSANN M CLARK	1639 GRELLE AVENUE	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 166913**	Signature: Susann Clark Name (type or print): Susann Clark	Date: 03/15/2010 Title: President

Processed 03/15/2010

* Electronically provided signatures are accepted as original signatures.