

No. <b>W 100288</b>	<b>Due no later than Feb 28, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> NATURAL HEALTH TECHNIQUES PLLC DENICE M MOFFAT 1069 ELK MEADOW LN DEARY ID 83823-9696 USA		DR DENICE M MOFFAT 1069 ELK MEADOW LN DEARY ID 83823-9696			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DENICE M MOFFAT	1069 ELK MEADOW LANE	DEARY	ID	USA	83823-9696
5. Organized Under the Laws of:  <b>ID</b> <b>W 100288</b>	6. Annual Report must be signed.* Signature: Denice M. Moffat Name (type or print): Denice M. Moffat		Date: 12/16/2013 Title: Manager			
Processed 12/16/2013		* Electronically provided signatures are accepted as original signatures.				