

No. <b>C 123079</b>	<b>Due no later than Mar 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <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>	1. Mailing Address - Correct in this box, if applicable		LAURA JOHNSON 11950 E. SHADOW LN  ATHOL, ID 83801																								
	ALTERNATIVE HEALTH CARE, INC. LAURA JOHNSON 11950 E. SHADOW LANE  ATHOL, ID 83801																										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</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>"</td> <td>same</td> <td></td> <td></td> <td>"</td> </tr> <tr> <td>Directors</td> <td>"</td> <td>same</td> <td></td> <td></td> <td>"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Laura Johnson	11950 E. Shadow Lane	Athol	ID	83801	Secretary	"	same			"	Directors	"	same			"
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Secretary	"	same			"																						
Directors	"	same			"																						
5. Organized Under the Laws of:  IDAHO C 123079	6. Signature <u>Laura Johnson</u> Date <u>2-10-02</u> Name <small>(Typed or Printed)</small> <u>Laura Johnson</u> Title <u>owner</u>																										