| No. <b>C 144422</b>   | •   |                   | 2. Registered Agent and Address (NO PO BOX)                    |       |         |             |
|---|---|-------------------|--|-------|---------|-------------|
| Return to:  | Annual Report Form  |                   | WILLIAM J SCHARNHORT<br>1228 18TH ST<br>LEWISTON ID 83501-3735 |       |         |             |
| SECRETARY OF STATE  | 1. Mailing Address: Correct in this box if needed.                        |                   |  |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  | ACHIEVING TOTAL HEALTH, INC. DIXIE L SCHARNHORST 929 16TH AVE             |                   |  |       |         |             |
|   | LEWISTON ID 83501-3735  |                   | 3. <u>New</u> Registered Agent Signature:*                     |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE   |   |                   |  |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |                   |  |       |         |             |
| Office Held Name  | Str   | eet or PO Address | City   | State | Country | Postal Code |
| PRESIDENT WILLIAM J   | SCHARNHORST 122   | 28 18TH STREET    | LEWISTON   | ID    | USA     | 83501-3735  |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.*   |   |                   |  |       |         |             |
| ID Signature: Dixie Scharnhorst   |   | Date: 06/18/2010  |  |       |         |             |
| C 144422  | Name (type or print): Dixie Scharnhorst                                   |                   | Title: Bookkeeper  |       |         |             |
| Processed 06/18/2010  | * Electronically provided signatures are accepted as original signatures. |                   |  |       |         |             |