No. C 132000	Due no later than Jan 31, 2001 Annual Report Form	2. Registered Agent and Office 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 applicable NATURAL HYPNOSIS CLINIC, INC. 2503 W STATE ST BOISE, ID 83702	SCOTT T SHEPHERD 2503 W STATE ST BOISE, ID 83702 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President/Dir	Scott Shepherd	2503 W. State	Boise	ID	83702
Secretary/Dir	CAROle Conley	2503 W. State	Boise	ID	83702
Director	Robert Hughes	2503 W. State	Boise	ID	83702
Director	Bay Turner	2503 W. State	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO
C 132000

6. Signature Carole Conley Date 11/16/00

Name (Typed or Printed) CAROle A. Conley Title: ~~XXXX~~ Secretary

Issued 11/01/2000 **Do Not Tape or Staple**