

No. C 166913	Due no later than May 31, 2012 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				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
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: ID C 166913	6. Annual Report must be signed.* Signature: Susann M. Clark Name (type or print): Susann M. Clark		Date: 03/12/2012 Title: President			
Processed 03/12/2012		* Electronically provided signatures are accepted as original signatures.				