

No. C 162005

Due no later than August 31, 2007
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

1. Mailing Address - Correct in this box, if applicable

COLLEGE OF NATUROPATHIC MEDICINE AN
1443 ANNY DR E
TWIN FALLS, ID 83301

LAURENCE V HICKS
1443 ANNY DR E
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

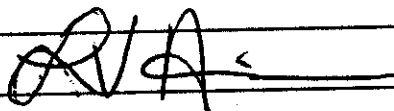
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	- Laurence V. (Ben) Hicks	1443 Anny Dr. E, Unit R	Twin Falls	ID	83301
Vice-President/Registrar	- Geoffrey W. Hicks	1443 Anny Dr. E, Unit R	Twin Falls	ID	83301
Secretary	- Jared C. Hicks	1443 Anny Dr. E, Unit R	Twin Falls	ID	83301

5. Organized Under the Laws of:
IDAHO
C 162005

6.

Signature



Date 06/07/07

Name
(Typed or Printed)

Laurence V. Hicks

Title President

Issued 06/01/2007

Do Not Tape or Staple

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