

No. C 149383		Due no later than May 31, 2011		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		Annual Report Form		ROSE JONES 441 MADRONA ST N TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed. INTERNATIONAL HOLISTIC HEALTH PRACTITIONERS, INC. ROSE JONES 441 MADRONA ST N TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ROSEMARIE DENNING	244 5TH AVE NORTH	TWIN FALLS	ID	USA	83301	
DIRECTOR	ROSANNA L JONES	441 MADRONA ST N	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 149383		Signature: Rosanna L Jones			Date: 05/11/2011		
		Name (type or print): Rosanna L Jones			Title: Director		
Processed 05/11/2011		* Electronically provided signatures are accepted as original signatures.					