

No. C 164754

Due no later than January 31, 2008

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

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

NAMPA NATURAL HEALTH, INC.  
204 10TH AVE S 924 3rd St So Ste A  
NAMPA, ID 83651

KATHY CHANDLER  
204 10TH AVE S 924 3rd St So Ste A  
NAMPA, ID 83651

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	Kathy Chandler	924 3rd St So Ste A	Nampa	Id	83651

5. Organized Under the Laws of:

IDAHO  
C 164754

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 11/01/2007

Do Not Tape or Staple

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