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|--|------------------|--|-------------|--|---------|------------------|--|
| No. C 153795 | | Due no later than Mar 31, 2013 | | 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 | | JERRY K GARNER 1210 E 17TH ST IDAHO FALLS ID 83404 | | | |
| | | 1. Mailing Address: Correct in this box if needed. ALTERNATIVE HEALTH CLINIC, INC. CHRISTINE GARNER 1210 E 17TH ST IDAHO FALLS ID 83404 | | 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 | CHRISTINE GARNER | 1210 E 17TH ST | IDAHO FALLS | ID | USA | 83404 | |
| PRESIDENT | JERRY GARNER | 1210 E 17TH ST | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 153795 | | Signature: Christine Garner | | | | Date: 02/17/2013 | |
| | | Name (type or print): Christine Garner | | | | Title: Secretary | |
| Processed 02/17/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |