

No. C 190779	Due no later than Apr 30, 2017 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. HOLISTIC HEALTH SERVICES, INC. BEVERLY KINGSFORD 3059 SKYVIEW DR. IDAHO FALLS ID 83401		BEVERLY KINGSFORD 3059 SKYVIEW DR. IDAHO FALLS ID 83401			
			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
PRESIDENT	BEVERLY KINGSFORD	3059 SKYVIEW DR.	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 190779	6. Annual Report must be signed.* Signature: Beverly Kingsford Name (type or print): Beverly Kingsford		Date: 02/22/2017 Title: president			
Processed 02/22/2017		* Electronically provided signatures are accepted as original signatures.				