

No. C 180031	Due no later than Sep 30, 2009 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. HARMONY BOTANICALS INC. 1624 SUMMER WY IDAHO FALLS ID 83404	KRISTEEN COCHRAN 1624 SUMMER WY IDAHO FALLS ID 83404				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KRISTEEN COCHRAN	1624 SUMMER WAY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 180031	6. Annual Report must be signed.* Signature: Kristeen Cochran Name (type or print): Kristeen Cochran		Date: 08/03/2009 Title: President			
Processed 08/03/2009		* Electronically provided signatures are accepted as original signatures.				