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|--|----------------------|--|-------------|---|---------|-------------|--|
| No. C 146984 | | Due no later than Jan 31, 2017 | | 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 | | ROBERT POULSEN 185 CAPITOL IDAHO FALLS ID 83402 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | SUNNY HEIGHTS HEALING, INC. KATHRYN ANDERSON 1107 MIDWAY AVE AMMON ID 83406-8111 USA | | | | | |
| 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 | KATHRYN ANDERSON | 2965 SPRINGWOOD LANE | IDAHO FALLS | ID | USA | 83404-8111 | |
| DIRECTOR | KATHRYN ANDERSON | 2965 SPRINGWOOD LANE | IDAHO FALLS | ID | USA | 83404-8111 | |
| TREASURER | ROBERT POULSEN | 185 S. CAPITOL | IDAHO FALLS | ID | USA | 83402-8111 | |
| SECRETARY | KAREN MICHELLE CLARK | 3219 SANDY DRIVE | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: ID C 146984 | | 6. Annual Report must be signed.* Signature: Kathryn Anderson Name (type or print): Kathryn Anderson Date: 11/22/2016 Title: President | | | | | |
| Processed 11/22/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |