No. C 168040	Due no later than Jul 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KATHLEEN I				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed AMMARA'S HEART DISEASE & STROKE PREVENTION, I KATHY M GAVIN 30410 HWY 200 STE 101 PONDERAY ID 83852		30410 HWY 200 STE 101 PONDERAY ID 83852 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names and Busin	ness Addresses of P	resident, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT KATHLEEN	M GAVIN	345 GOLD HILL CIRCLE	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Kath		Date: 05/21/2010				
C 168040	Name (type or print): Kathy Gavin			Title: President			
Processed 05/21/2010	* Electronically provided signatures are accepted as original signatures.						