

No. C 165259	Due no later than February 29, 2008		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		JULIE BEAMAN 6568 W AUTUMNWOOD ST STE 2 BOISE, ID 83714	
		1. Mailing Address - Correct in this box, if applicable			3. New Registered Agent Signature
		EMULATE NATURAL CARE INC 6568 W AUTUMNWOOD ST STE 2 BOISE, ID 83714			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Julie Beaman Stauts	6568 W. Autumnwood	Boise	ID	83714
Secretary	Bob Stauts	" " "	" "	"	"
5. Organized Under the Laws of: IDAHO C 165259		6. Signature <u><i>Julie Beaman Stauts</i></u> Date <u>1-2-08</u> Name (Typed or Printed) <u>JULIE BEAMAN STAUTS</u> Title <u>PRESIDENT</u>			

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Do Not Tape or Staple

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