

No. W 100288		Due no later than Feb 28, 2013		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 1. Mailing Address: Correct in this box if needed. NATURAL HEALTH TECHNIQUES PLLC DENICE M MOFFAT 1069 ELK MEADOW LN DEARY ID 83823-9696 USA		DR DENICE M MOFFAT 1069 ELK MEADOW LN DEARY ID 83823-9696	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	DENICE M MOFFAT	1069 ELK MEADOW LANE	DEARY	ID	USA 83823-9696
5. Organized Under the Laws of: ID W 100288		6. Annual Report must be signed.* Signature: Denice M. Moffat Name (type or print): Denice M. Moffat Date: 12/30/2012 Title: Manager			
Processed 12/30/2012		* Electronically provided signatures are accepted as original signatures.			