

No. C 146984	Due no later than Jan 31, 2008 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. SUNNY HEIGHTS HEALING, INC. KATHRYN ANDERSON 329 S WOODRUFF AVE IDAHO FALLS ID 83401		KATHRYN ANDERSON 150 W SUNNY HEIGHTS LN IDAHO FALLS ID 83402			
			3. <u>New</u> Registered Agent Signature:*			
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	KATHY ANDERSON	329 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401
DIRECTOR	KATHY ANDERSON	329 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 146984	6. Annual Report must be signed.* Signature: Kathy Anderson Name (type or print): Kathy Anderson		Date: 11/14/2007 Title: President			
Processed 11/14/2007		* Electronically provided signatures are accepted as original signatures.				