

No. <b>C 162005</b>		<b>Due no later than Aug 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> COLLEGE OF NATUROPATHIC MEDICINE AND SURGERY, INC. LAURENCE V. HICKS 1443 ANNY DR E, UNIT B TWIN FALLS ID 83301		LAURENCE V HICKS 1443 ANNY DR E TWIN FALLS ID 83301		
				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	LAURENCE V HICKS, JR	677 FILER AVE SUITE A	TWIN FALLS	ID	USA	83301
DIRECTOR	SAMUEL BARKER	1139 FALLS AVE EAST SUITE B	TWIN FALLS	ID	USA	83301
DIRECTOR	BRODY BESSIRE	602 19TH ST	RUPERT	ID	USA	83350
DIRECTOR	SAMUEL BEUS	529 CRESTVIEW DR	TWIN FALLS	ID	USA	83301
DIRECTOR	DARREN HUBER	1464 ANNY DRIVE WEST	TWIN FALLS	ID	USA	83301
SECRETARY	LAURENCE V HICKS, SR	677 FILER AVE SUITE A	TWIN FALLS	ID	USA	83301
DIRECTOR	GEOFFREY N HICKS	677 FILER AVE SUITE A	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID C 162005</b>		6. Annual Report must be signed.* Signature: Laurence V. Hicks, Jr. Name (type or print): Laurence V. Hicks, Jr.  Date: 06/09/2009 Title: President				
Processed 06/09/2009		* Electronically provided signatures are accepted as original signatures.				