| No. C 66570 | | Due no later than Apr 30, 2010 | 2. Registered Agent and Address (NO PO BOX) SUSAN L RAND | | | |
|---|------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | 1. Mailing Address: Correct in this box if needed. NATIONAL HEALTH AGENCY, INC. SUSAN L RAND 2130 S. CURTIS RD. BOISE ID 83705-3613 | 2130 S CURTIS RD BOISE ID 83705-3613 3. New Registered Agent Signature:* | | | |
| | | USA ss Addresses of President, Secretary, and Directors. Treasurer | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT | SUSAN L RA | ND 2130 S. CURTIS RD. | BOISE | ID | USA | 83705-3613 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Susan L. Rand | Date: 03/12/2010 | | | |
| C 66570 | | Name (type or print): Susan L. Rand | Title: President | | | |
| Processed 03/12/201 | k 0 | Electronically provided signatures are accepted as original sign | natures. | | | |