No. <b>C 166913</b>		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		SUSANN CLARK				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CLEARWATER COLONIC THERAPY, INC. SUSANN M CLARK 1639 GRELLE AVE LEWISTON ID 83501			1639 GRELLE AVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	SUSANN M	CLARK	1639 GRELLE AVENUE		LEWISTON	ID	USA	83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Susann M. Clark			Date: 03/22/2016			
C 166913		Name (type or print): Susann M. Clark			Title: president			
Processed 03/22/2016 * Electronically provided signatures are accepted as original signatures.								