

No. <b>C 123079</b>	<b>Due no later than Mar 31, 2003 Annual Report Form</b>		2. Registered Agent and Office <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>	1. Mailing Address - Correct in this box if applicable  ALTERNATIVE HEALTH CARE, INC. LAURA JOHNSON 11950 E. SHADOW LANE  ATHOL, ID 83801		LAURA JOHNSON 11950 E. SHADOW LN  ATHOL, ID 83801  3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President ↓</td> <td>Alternative Health Care, Inc.</td> <td>11950 E. Shadow Lane</td> <td>Athol</td> <td>ID</td> <td>83801</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President ↓	Alternative Health Care, Inc.	11950 E. Shadow Lane	Athol	ID	83801
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President ↓	Alternative Health Care, Inc.	11950 E. Shadow Lane	Athol	ID	83801										
5. Organized Under the Laws of:  IDAHO C 123079		6. Signature <u>Laura Johnson</u> Date <u>2-8-03</u> Name (Typed or Printed) <u>Laura Johnson</u> Title <u>2-8-03</u>													