No. C 146984		Due no l	2.	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			ROBERT POULSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			185 CAPITOL IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
		SUNNY HEIGHTS HEALING, INC. KATHY ANDERSON 2965 SPRINGWOOD LANE IDAHO FALLS ID 83404-8111						
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busine	ess Addresses of Preside	ent, Secretary, and Directors. Treas	urer (opt	tional).			
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
PRESIDENT KATHY ANDE					DAHO FALLS	ID	USA	83404-8111
DIRECTOR KATHY AND					DAHO FALLS	ID	USA	83404-8111
TREASURER ROBERT POI		JLSEN	185 S. CAPITOL	II	DAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kathy Anderson			Date: 11/12/2012			
C 146984		Name (type or print): Kathy Anderson			Title: Owner			
Processed 11/12/2012	ocessed 11/12/2012 * Electronically provided signatures are accepted as original signatures.							