

|  |                 |   |          |  |         |                  |  |
|--|-----------------|---|----------|--|---------|------------------|--|
| No. <b>C 169367</b>  |                 | <b>Due no later than Oct 31, 2007</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>EVERGREEN NATURAL HEALTH SOLUTIONS INC.<br>MATTHEW D HALES<br>1640 W CHERRY LN #130<br>MERIDIAN ID 83642 |          | MATTHEW HALES D.C.<br>1640 W CHERRY LN #130<br>MERIDIAN ID 83642 |         |                  |  |
|  |                 |   |          | 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  | MATTHEW D HALES | 1640 W CHERRY LN. #130  | MERIDIAN | ID   | USA     | 83642            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |          |  |         |                  |  |
| <b>ID<br/>C 169367</b>   |                 | Signature: Matthew Hales  |          |  |         | Date: 11/15/2007 |  |
|  |                 | Name (type or print): Matthew Hales   |          |  |         | Title: President |  |
| Processed 11/15/2007   |                 | * Electronically provided signatures are accepted as original signatures.   |          |  |         |                  |  |