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| No. C 139365 | | Due no later than Jun 30, 2005 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ALTA HEALTH PRODUCTS, INC. JUDY HASWELL 300 MAIN ST PO BOX 990 IDAHO CITY ID 83631 0000 | | JUDY HASWELL 300 MAIN ST IDAHO CITY ID 83631 0000 | | | |
| | | | | 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 | |
| SECRETARY | JUDY HASWELL | 300 MAIN ST | IDAHO CITY | ID | USA | 83631 | |
| PRESIDENT | JUDY HASWELL | 300 MAIN ST | IDAHO CITY | ID | USA | 83631 | |
| 5. Organized Under the Laws of: IDAHO C 139365 | | 6. Annual Report must be signed.* Signature: R Frank Miller, CPA Name (type or print): R Frank Miller, CPA Date: 07/12/2005 Title: Accountant | | | | | |
| Processed 07/12/2005 | | * Electronically provided signatures are accepted as original signatures. | | | | | |