

|  |                       |   |          |  |         |                  |  |
|--|-----------------------|---|----------|--|---------|------------------|--|
| No. <b>C 144422</b>  |                       | <b>Due no later than Jun 30, 2013</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ACHIEVING TOTAL HEALTH, INC.<br>WILLIAM J SCHARNHORST<br>929 16TH AVE<br>LEWISTON ID 83501-3735 |          | WILLIAM J SCHARNHORT<br>227 PRESTON AVENUE<br>LEWISTON ID 83501-3735 |         |                  |  |
|  |                       |   |          | 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  | WILLIAM J SCHARNHORST | 227 PRESTON AVENUE  | LEWISTON | ID   | USA     | 83501-3735       |  |
| 5. Organized Under the Laws of:  |                       | 6. Annual Report must be signed.*   |          |  |         |                  |  |
| <b>ID<br/>C 144422</b>   |                       | Signature: William Scharnhorst  |          |  |         | Date: 06/19/2013 |  |
|  |                       | Name (type or print): William Scharnhorst   |          |  |         | Title: President |  |
| Processed 06/19/2013   |                       | * Electronically provided signatures are accepted as original signatures.   |          |  |         |                  |  |