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|--|--------------------|--|-------|--|---------|-------------|--|
| No. C 169461 | | Due no later than Oct 31, 2015 | | 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. GLOBAL HEALTH ORGANIZATION, INC. SER. EDWIN C FLOYD 1123 12TH AVE ROAD SUITE 262 NAMPA ID 83686 USA | | DR EDWIN C FLOYD 1123 12TH AVE ROAD 262 NAMPA ID 83686-5738 | | | |
| | | | | 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 | SER. EDWIN C FLOYD | 760 WARM SPRINGS STE D | BOISE | ID | USA | 83712 | |
| PRESIDENT | SER. EDWIN C FLOYD | 1123 12TH AVE ROAD 262 | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: ID C 169461 | | 6. Annual Report must be signed.* Signature: Ser. Edwin C. Floyd, M.D.,D.C., D.D.I.M. Name (type or print): Ser. Edwin C. Floyd, M.D.,D.C., D.D.I.M. Date: 09/01/2015 Title: President | | | | | |
| Processed 09/01/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |