

No. C 175103	Due no later than Sep 30, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		JOHN SEXTON 2561-B E 3700 N TWIN FALLS ID 83301			
	MUSTARD TREE COMMUNITY WELLNESS CENTER, INC. JOHN SEXTON 676 SHOUP AVE. W STE 2 TWIN FALLS ID 83301 USA		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	DEBBIE ANNEST	285 FRASIER CT	TWIN FALLS	ID	USA	83301
TREASURER	PAMELA NELSON	1345 BITTERROOT DR	TWIN FALLS	ID	USA	83301
DIRECTOR	JOHN SEXTON	2561 -B E 3700 N	TWIN FALLS	ID	USA	83301
DIRECTOR	SUSAN BAISCH	1194 SUNBURST	TWIN FALLS	ID	USA	83301
PRESIDENT	DAVID MCCLUSKY MD	660 SHOSHONE ST	TWIN FALLS	ID	USA	83301
DIRECTOR	SANDRA SEXTON	2561- B E 3700 N	TWIN FALLS	ID	USA	83301
DIRECTOR	RICHARD SANDISON MD	660 SHOSHONE ST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 175103		6. Annual Report must be signed.* Signature: Jonie Benson Name (type or print): Jonie Benson Date: 07/12/2010 Title: Administrator				
Processed 07/12/2010		* Electronically provided signatures are accepted as original signatures.				