

No. C 165259		Due no later than Feb 28, 2017 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. EMULATE NATURAL CARE INC EMULATE NATURAL CARE PO BOX 744 DONNELLY ID 83615		JULIE BEAMAN STAUTS 186 N. MAIN ST., 744 DONNELLY ID 83615			
						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	
VICE PRESIDENT	ROBERT E STAUTS	PO BOX 744	DONNELLY	ID	USA	83615	
PRESIDENT	JULIE B STAUTS	PO BOX 744	DONNELLY	ID	USA	83615	
5. Organized Under the Laws of: ID C 165259		6. Annual Report must be signed.* Signature: Julie Stauts Name (type or print): Julie Stauts					
		Date: 01/24/2017 Title: President					
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.					