

1.) CORPORATION NAME:

**Accreditation Commission for Homeopathic Education in  
North America**

DUE DATE: **4/29/2011**

SCC ID NO: **06753081**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
SHARON STEVENSON  
101 S WHITING ST STE 315  
ALEXANDRIA, VA 22304**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 SOUTH WHITING ST  
STE 315

CITY/ST/ZIP: ALEXANDRIA, VA 22304-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: HEIDI SCHOR  
TITLE: PRESIDENT  
ADDRESS: 9725 NE 130TH PLACE  
CITY/ST/ZIP/CO: KIRKLAND, WA 98034-

OFFICER

DIRECTOR

NAME: KRISTY LAMPE  
TITLE: VICE PRESIDENT  
ADDRESS: 4737 MEYERS LANE  
CITY/ST/ZIP/CO: HARRISBURG, NC 28075-7607

OFFICER

DIRECTOR

NAME: AARON DEFOREST  
TITLE: TREASURER  
ADDRESS: 7435 159TH PL NE #G240  
CITY/ST/ZIP/CO: REDMOND, WA 98052-

OFFICER

DIRECTOR

NAME: PERIS GUMZ  
TITLE: SECRETARY  
ADDRESS: 61 TROWBRIDGE ST  
CITY/ST/ZIP/CO: BELMONT, MA 02478-

OFFICER

DIRECTOR

NAME: SHARON STEVENSON  
TITLE: DIRECTOR  
ADDRESS: 101 SOUTH WHITING ST, STE 315  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ HEIDI SCHOR</u>	<u>HEIDI SCHOR, PRESIDENT</u>	<u>2/22/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.