



SUNNY MOUNTAIN SCHOOL OF NATURAL HEALING  
P.O. BOX 369 MOUNTAINDALE N.Y. 12763 -- (845) 436-6286

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**COVER PAGE FOR COURSE ASSIGNMENT ANSWERS**

Full Name: \_\_\_\_\_

Present Home Address \_\_\_\_\_

State / Country \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number:

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

COURSE NUMBER \_\_\_\_\_

I hereby certify that the answers provided here for this course are truly my own work

PRINTED NAME: \_\_\_\_\_

STUDENT ID OR SS# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_