No. C 145961		Due no later than Oct 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH EDUCATION AND LEADERSHIP PROGRAM, INC. PHYLLIS A TINCHER 400 LAKE LOWELL AVE NAMPA ID 83686		2. Registered	2. Registered Agent and Address (NO PO BOX) BRUCE SWANSON 400 LAKE LOWELL AVE NAMPA ID 83686 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				3. <u>New</u> Regist				
4. Corporations: Ente	r Names and Busin	ess Addresses of F	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY TREASURER	BRUCE D SWANSON PHYLLIS A TINCHER MARK BEKKEDAHL		304 WALNUT CREEK WAY 3301 SEMINOLE DR 1512 12TJ AVENUE ROAD	nampa Nampa Nampa	ID ID ID	USA USA USA	83686 83686 83686	
5. Organized Under the Laws of:		6. Annual Report	must be signed.*					
ID		Signature: Phy		Date: 08/12/2009				
C 145961		Name (type or		Title: Secretary				
Processed 08/12/2009	9	* Flectronically pr	ovided signatures are accepted as original	signatures				