


No. 56820	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  NO FEE REQUIRED	I. Mailing Address: <i>Please Correct If Not Correct</i>		CHERYL WEAR 205 CALDWELL BLVD #2  NAMPA ID 83651																									
	HEALTH ENTERPRISES, INC. CHERYL L WEAR 205 CALDWELL BLVD. #2		3. Incorporated Under The Laws of ID  NO: 056820																									
	NAMPA ID 83651																											
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Cheryl L. Wear</td> <td>2221 Aries Dr.</td> <td>Nampa</td> <td>Id</td> <td>83651</td> </tr> <tr> <td>Secretary:</td> <td>Kristine L. Wear</td> <td>1823D W. Boise Ave.</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Cheryl L. Wear	2221 Aries Dr.	Nampa	Id	83651	Secretary:	Kristine L. Wear	1823D W. Boise Ave.	Boise	Id	83706	Directors:					
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Directors:																												
5. Nature of Business Health Foods Retail		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature:  Name (Printed or Typed): Kristine L. Wear Date: 8/7/91 Title: Secretary																										