No. C 145961		Due no later than Oct 31, 2014	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRUCE SWANSON			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 HEALTH EI KAREN LC 400 LAKE		OWELL AVE	400 LAKE LOWELL AVE NAMPA ID 83686 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	NAMPA ID	83686	3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature.			
4. Corporations: Enter Names and E	usiness Addresses	of President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BRUCE SECRETARY KAREN	O SWANSON OLLEY	304 WALNUT CREEK WAY 1956 S. SANDCREST WAY	Nampa Nampa	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of: 6. Annua		ort must be signed.*					
ID	Signature:	Signature: Karen Lolley		Date: 09/09/2014			
C 145961	Name (type	Name (type or print): Karen Lolley		Title: Secretary			
Processed 09/09/2014	* Electronically provided signatures are accepted as original signatures.						