No. <b>C 200992</b>	Due no later than Jan 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	THOMAS J HOLMES			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	203 S GARFIELD POCATELLO ID 83204			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HEARTBURN INSTITUTES OF AMERICA, INC. THOMAS J HOLMES PO BOX 967	POCATELLO ID 63204			
	POCATELLO ID 83204	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR W. KIRK BII	RKENHAGEN, M.D. 98 POPLAR	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Thomas Holmes	Date: 11/21/2016			
C 200992	Name (type or print): Thomas Holmes	Title: Agent/Attorney			
Processed 11/21/2016	* Electronically provided signatures are accepted as original signatures.				