

No. C 102725	Due no later than Jul 31, 2018 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEARTLAND WELLNESS CENTER, INC. CRETE BROWN 303 N 12TH AVE POCATELLO ID 83201	CRETE BROWN 303 N 12TH AVE POCATELLO ID 83201-8320 3. <u>New</u> Registered Agent Signature: *				
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	CRETE BROWN	2735 LAKESIDE LANE	AMERICAN FALLS	ID	USA	83211
SECRETARY	JOHN ELLESSON	2735 LAKESIDE LANE	AMERICAN FALLS,	ID	USA	83211
PRESIDENT	CRETE BROWN	303 N. 12TH AVE.	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 102725	6. Annual Report must be signed.* Signature: Crete Brown, PhD, LCSW Name (type or print): Crete Brown, PhD, LCSW		Date: 08/21/2018 Title: Owner and President			
Processed 08/21/2018		* Electronically provided signatures are accepted as original signatures.				