No. <b>C 135587</b>		Due no later than Sep 30, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALTH PARTNERS,INC. LAURENCE L SMITH 3085 N. COLE RD. STE 111 BOISE ID 83704-5972		8997 CRAY BOISE ID	LAWRENCE L SMITH 8997 CRAYDON PL BOISE ID 83704  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Composations: Enter Names and Business		USA	President, Secretary, and Directors. Treasi	urer (entional)	(ontional)			
	Name	ess Addi esses of	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ECRETARY DEBRA K SMITH		8997 CRAYDON PL 8997 CRAYDON PL	BOISE BOISE	ID ID	USA USA	83704-3115 83704-3115	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 135587		Signature: D		Date: 08/11/2014				
		Name (type o		Title: Secretary				
Processed 08/11/2014 * Electronically provided signatures are accepted as original signatures.								