No. <b>C 145961</b>			Oue no later than Oct 31, 2012	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 EDUCATION AND LEADERSHIP PROGRAM, INC.  CINDY R LARIMER  400 LAKE LOWELL AVE  NAMPA ID 83686		400 LAKE LO NAMPA ID	BRUCE SWANSON 400 LAKE LOWELL AVE NAMPA ID 83686  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
	Name	ess Addresses o	f President, Secretary, and Directors. Treasur Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SIDENT BRUCE D SWANSON		304 WALNUT CREEK WAY 2612 S. RHINERIVER CT.	NAMPA NAMPA	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: C	Cynthia Larimer		Date: 09/21/2012			
C 145961		Name (type	or print): Cynthia Larimer	Title: Secretary				
Processed 09/21/2012	* Electronically provided signatures are accepted as original signatures.							