

|  |                  |  |                |   |         |             |  |
|--|------------------|--|----------------|---|---------|-------------|--|
| No. <b>C 102725</b>  |                  | Due no later than Jul 31, 2009   |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HEARTLAND WELLNESS CENTER, INC.<br>CRETE BROWN<br>303 N 12TH AVE<br>POCATELLO ID 83201 |                | CRETE BROWN<br>303 N 12TH AVE<br>POCATELLO ID 83201 |         |             |  |
|  |                  |  |                | 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   | PATRICIA C BROWN | PO BOX 741   | AMERICAN FALLS | ID  | USA     | 83211       |  |
| DIRECTOR   | JOHN ELLESSON    | PO BOX 741   | AMERICAN FALLS | ID  | USA     | 83211       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 102725</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Crete Brown<br>Name (type or print): Crete Brown<br>Date: 06/29/2009<br>Title: Director  |                |   |         |             |  |
| Processed 06/29/2009   |                  | * Electronically provided signatures are accepted as original signatures.  |                |   |         |             |  |