

No. C 52153		Due no later than Oct 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH WEST, INC. NANCY WRIGHT P. O. BOX 2377 POCA TELLO ID 83206		NANCY WRIGHT 845 WEST CENTER ST SUITE 308 POCA TELLO ID 83204			
				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	BOB PICARD	845 WEST CENTER ST. SUITE 308	POCA TELLO	ID	USA	83204	
DIRECTOR	THOMAS OTTAWAY	845 WEST CENTER ST. SUITE 308	POCA TELLO	ID	USA	83204	
DIRECTOR	SUE MILLS	845 WEST CENTER ST. SUITE 308	POCA TELLO	ID	USA	83204	
PRESIDENT	ADAM WALDRON	845 WEST CENTER ST SUITE 308	POCA TELLO	ID	USA	83204	
SECRETARY	NORMA RAMIREZ	845 WEST CENTER ST. SUITE 308	POCA TELLO	ID	USA	83204	
DIRECTOR	JANE JOHNSON	845 WEST CENTER ST SUITE 308	POCA TELLO	ID	USA	83204	
DIRECTOR	AMY CUNNINGHAM	845 WEST CENTER ST SUITE 308	POCA TELLO	ID	USA	83204	
DIRECTOR	GEORGE KATSILOMETES	845 WEST CENTER ST SUITE 308	POCA TELLO	ID	USA	83204	
VICE PRESIDENT	LLOYD CURRY	845 WEST CENTER ST SUITE 308	POCA TELLO	ID	USA	83204	
DIRECTOR	BARBARA BYBEE	845 WEST CENTER ST SUITE 308	POCA TELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 52153		6. Annual Report must be signed.* Signature: Nancy Wright Name (type or print): Nancy Wright Date: 10/02/2013 Title: Director Of Executive Services					
Processed 10/02/2013		* Electronically provided signatures are accepted as original signatures.					