

No. C 56820	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct HEALTH ENTERPRISES, INC. CHERYL L WEAR 314 CALDWELL BLVD. NAMPA ID 83651		CHERYL WEAR 314 CALDWELL BLVD NAMPA ID 83651 3. Organized Under the Laws of: ID C 56820																									
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CHERYL WEAR</td> <td>2821 ARIES DRIVE</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>TREAS.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>V. PRES/SEC.</td> <td>KRISTINE WEAR</td> <td>2221 ARIES DR.</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	CHERYL WEAR	2821 ARIES DRIVE	NAMPA	ID	83651	TREAS.						V. PRES/SEC.	KRISTINE WEAR	2221 ARIES DR.	NAMPA	ID	83651
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5. NATURE OF BUSINESS RETAIL HEALTH PRODUCTS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Cheryl L Wear</i></u> Date <u><i>10/11/96</i></u>																										