

No. C 102725		Due no later than Jul 31, 2016 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. HEARTLAND WELLNESS CENTER, INC. CRETE BROWN 303 N 12TH AVE POCATELLO ID 83201		CRETE BROWN 303 N 12TH AVE POCATELLO ID 83201-8320			
						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	
SECRETARY	JOHN ELESSON	2735 LAKESIDE LANE	AMERICAN FALLS,	ID	USA	83211	
PRESIDENT DIRECTOR	CRETE BROWN CRETE BROWN	303 N. 12TH AVE. 2735 LAKESIDE LANE	POCATELLO AMERICAN FALLS	ID	USA	83201 83211	
5. Organized Under the Laws of: ID C 102725		6. Annual Report must be signed.* Signature: Crete Brown Name (type or print): Crete Brown Date: 06/07/2016 Title: President					
Processed 06/07/2016 * Electronically provided signatures are accepted as original signatures.							