

No. <b>C 211178</b>		<b>Due no later than Sep 30, 2018</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  OPTIMAL WELL-BEING NETWORK (OWEN), INC. NEILLY BUCKALEW 10520 N PAYMENT PEAK RD HAUSER ID 83854		NEILLY BUCKALEW 10520 N PAYMENT PEAK RD HAUSER ID 83854	
				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	TIM FERRELL	3372 E JENALAN	POST FALLS	ID	83854
DIRECTOR	DAVID LESONDAK	10 BALDWICK RD	PITTSBURGH	PA	15205
DIRECTOR	TRACY PENFIELD	PO BOX 251	CHELSEA	VT	05038
5. Organized Under the Laws of:  <b>ID C 211178</b>		6. Annual Report must be signed.* Signature: Neilly Buckalew Date: 08/22/2018 Name (type or print): Neilly Buckalew Title: Program Director			
Processed 08/22/2018		* Electronically provided signatures are accepted as original signatures.			