No. <b>C 171776</b>	Due no later than Mar 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	JAMES C HECHT 186 LOCH HAVEN SAGLE ID 83860  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  HEALING WATER INSTITUTE, INC.  JAMES C HECHT PO BOX 369  SAGLE ID 83860				
NO FILING FEE IF RECEIVED BY DUE DATE	SAGE IS 65500				
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 JAMES C H DIRECTOR IAIN TROUS		SAGLE FOREST ROW	ID	USA ENGLAND	83860 RH185JX
5. Organized Under the Laws of: 6. Annual Report must be signed.*					
ID	Signature: James C Hecht	Date: 04/17/2017			
C 171776	Name (type or print): James C Hecht	Title: Director			
Processed 04/17/2017	* Electronically provided signatures are accepted as original signatures.				