

No. C 153800		Due no later than Mar 31, 2015 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. ZONA HEALTH, INC. STEVE WOOD 12554 W. BRIDGER ST. #108 BOISE ID 83713		STEVE WOOD 12554 W. BRIDGER ST. #108 BOISE 83713			
						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	EARL SULLIVAN	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR	DAVE WOOD	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR	STINSON SLAWSON	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR	DALE WEST	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR	STEVE OUGH	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
SECRETARY	JOHN GRIFFITHS	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
PRESIDENT	STEVE WOOD	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
DIRECTOR	WILLIAM BOEGER	12554 W. BRIDGER ST. #108	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 153800		6. Annual Report must be signed.* Signature: Steve Wood Name (type or print): Steve Wood					
		Date: 01/21/2015 Title: President					
Processed 01/21/2015 * Electronically provided signatures are accepted as original signatures.							