

No. <b>C 52153</b>		Due no later than Oct 31, 2016		2. Registered Agent and Address <b>(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> HEALTH WEST, INC. NANCY WRIGHT P. O. BOX 2377 POCATELLO ID 83206		NANCY WRIGHT 500 SOUTH 11TH AVENUE SUITE 400 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
DIRECTOR	IRIS BUDER	500 SOUTH 11TH AVE STE 400	POCATELLO	ID	USA	83201
PRESIDENT	ADAM WALDRON	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
DIRECTOR	NORMA RAMIREZ	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
DIRECTOR	GLORIA WHITESIDE	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	82301
DIRECTOR	LLOYD CURRY	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
TREASURER	ROBERT PICARD	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
DIRECTOR	GABRIEL RIVAS	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
SECRETARY	DOUGLAS MATHIS	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
VICE PRESIDENT	DOUG BALFOUR	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
DIRECTOR	KRISTOPHER MILLER	500 SOUTH 11TH AVENUE SUITE 400	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID C 52153</b>		6. Annual Report must be signed.* Signature: Nancy Wright Name (type or print): Nancy Wright Date: 09/28/2016 Title: Director of Executive Services				
Processed 09/28/2016		* Electronically provided signatures are accepted as original signatures.				