| No. C 145155 | | Due no later than Aug 31, 2016 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|---|--|---|--------------------------|----------------------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WELLNESS HEALTH PARTNERSHIPS, INCORPORATED SUZANNE MACCOY 15171 N HAUSER LAKE RD HAUSER LAKE ID 83854 | | 2. Registered Agent and Address (NO PO BOX) SUZANNE MACCOY 15171 N HAUSER LAKE RD HAUSER LAKE ID 83854 3. New Registered Agent Signature:* | | | | |
| RECEIVED BY I | DUE DATE | ess Addresses o | f President, Secretary, and Directors. Treasur | rer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT SECRETARY TREASURER VICE PRESIDENT | SUZANNE MACCOY M. SEAN BONNER CARRIE CAMERON JENNIFER BARNIA | | 15171 N HAUSER LAKE ROAD PO BOX 1701 PO BOX 631 1903 W BOEKEL RD | HAUSER LAKE POST FALLS RATHDRUM RATHDRUM | ID ID ID ID | USA USA USA USA | 83854 83877 83858 83858 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: M Sean Bonner | | Date: 08/31/2016 | | | | |
| C 145155 | | Name (type or print): M Sean Bonner | | Title: Secretary | | | | |
| Processed 08/31/2016 | | * Electronically | provided signatures are accepted as original | signatures. | | | | |