

No. C114726	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		MARJAN WETZEL 585 TIEBREAKER DR AMMON ID 83406																		
	HEALTH CENTS, INC. MARJAN WETZEL 585 TIEBREAKER DR AMMON ID 83406		3. Organized Under the Laws of: ID C114726																		
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Steven Lee Wetzel</td> <td>585 TieBreaker Dr.</td> <td>Ammon</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>Secretary</td> <td>Marjan Wetzel</td> <td>585 TieBreaker Dr.</td> <td>Ammon</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Steven Lee Wetzel	585 TieBreaker Dr.	Ammon	ID	83406	Secretary	Marjan Wetzel	585 TieBreaker Dr.	Ammon	ID	83406
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5. Signature of New Registered Agent		6. <table style="width: 100%;"> <tr> <td style="width: 50%;"> Signature <u>Marjan Wetzel</u> </td> <td style="width: 50%;"> Date <u>7-19-99</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>Marjan Wetzel</u> </td> <td> Title <u>Secretary</u> </td> </tr> </table>		Signature <u>Marjan Wetzel</u>	Date <u>7-19-99</u>	Name (Typed or Printed) <u>Marjan Wetzel</u>	Title <u>Secretary</u>														
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ISSUED: 07-07-1999