

No. C 161314

Due no later than July 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

~~HEIDAL SUMMERS~~

~~1087 W RIVER ST STE 320~~

~~BOISE, ID 83702~~

Debbie Phillips
5577 N. Glenwood St
Garden City ID 83714

3. New Registered Agent Signature

Debbie Phillips

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTHWEST HEALTH & WELLNESS, CHTD.
1087 W RIVER ST STE 320
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Debbie Phillips	P.O. Box 6233	Boise	ID	83707

5. Organized Under the Laws of:

IDAHO
C 161314

6.

Signature

Debbie Phillips

Date

5/19/08

Name

(Typed or
Printed)

Debbie Phillips

Title

Pres.

Issued 05/02/2008

Do Not Tape or Staple

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