No. C 145155		Due no later than Aug 31, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SUZANNE MACCOY 15171 N HAUSER LAKE RD HAUSER LAKE ID 83854 3. New Registered Agent Signature:*			
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. WELLNESS HEALTH PARTNERSHIPS, INCORPORATED SUZANNE MACCOY 15171 N HAUSER LAKE RD HAUSER LAKE ID 83854		THE PARTY OF THE P				
				3. <u>New</u> Registere				
4. Corporations: Enter	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY TREASURER VICE PRESIDENT	CRETARY M. SEAN BONNER REASURER CARRIE CAMERON		15171 N HAUSER LAKE ROAD PO BOX 1701 PO BOX 631 1903 W BOEKEL RD	HAUSER LAKE POST FALLS RATHDRUM RATHDRUM	ID ID ID	USA USA USA USA	83854 83877 83858 83858	
5. Organized Under the Laws of: ID C 145155		6. Annual Report must be signed.* Signature: M. Sean Bonner Name (type or print): M. Sean Bonner				9/07/2017 Secretary		
Processed 09/07/2017		* Electronically	provided signatures are accepted as original	signatures.				