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|--|--|----------------------|--|-------|---------|-------------|
| No. C 172544 | Due no later than Apr 30, 2013 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: 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. | | ALAN TRITES 9071 SHOUP BOISE ID 83709 | | | |
| | HEALTH PLUS KINESTOLOGY INC ALAN S TRITES 9071 SHOUP BOISE ID 83709 | | 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 | ALAN S TRITES | 2801 W LOST RAPID DR | MERIDIAN | ID | USA | 83646 |
| PRESIDENT | DAVID W RAMSEY | 13663 S LOCUST | OLATHE | KS | USA | 66061 |
| 5. Organized Under the Laws of: ID C 172544 | 6. Annual Report must be signed.* | | Signature: Alan Trites | | | |
| Name (type or print): Alan Trites | | | Date: 04/15/2013 | | | |
| Processed 04/15/2013 | | | Title: President | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | |