| No. C 145961 | | | ie no later than Oct 31, 2011 | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH EDUCATION AND LEADERSHIP PROGRAM, INC. CINDY R LARIMER 400 LAKE LOWELL AVE NAMPA ID 83686 | | | BRUCE SWANSON | | | |
| | | | | 400 LAKE LOWELL AVE NAMPA ID 83686 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | 4. Corporations: Enter Names |
| Office Held Na | Name | | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY CY | CYNTHIA R LARIMER | | 2612 S. RHINERIVER CT. | Nampa | ID | USA | 83686 | |
| PRESIDENT BR | RESIDENT BRUCE D SWA | | 304 WALNUT CREEK WAY | NAMPA | ID | USA | 83686 | |
| TREASURER MA | IRER MARK BEKKEDAHL | | 1512 12TH AVENUE ROAD | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Cynthia R. Larimer | | | Date: 08/16/2011 | | | |
| C 145961 | | Name (type or print): Cynthia R. Larimer | | | Title: Secretary | | | |
| Processed 08/16/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |