

No. C 145155	Due no later than Aug 31, 2010 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. WELLNESS HEALTH PARTNERSHIPS, INCORPORATED DR. BRIAN MACCOY 15171 N HAUSER LAKE RD HAUSER LAKE ID 83854 USA		BRIAN L MACCOY 15171 N HAUSER LAKE RD HAUSER LAKE ID 83854			
			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
PRESIDENT	BRIAN MACCOY	15171 N HAUSER LAKE ROAD	HAUSER LAKE	ID	USA	83854
SECRETARY	SUZY MACCOY	15171 N HAUSER LAKE ROAD	HAUSER LAKE	ID	USA	83854
5. Organized Under the Laws of: ID C 145155	6. Annual Report must be signed.* Signature: Brian MacCoy Name (type or print): Brian MacCoy		Date: 09/13/2010 Title: President			
Processed 09/13/2010		* Electronically provided signatures are accepted as original signatures.				