

No. C 145155	Due no later than Aug 31, 2011 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 SUZANNE 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	SUZANNE 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: Suzanne Maccoy Name (type or print): Suzanne Maccoy		Date: 08/10/2011 Title: President
Processed 08/10/2011		* Electronically provided signatures are accepted as original signatures.	