

No. W 4687

Due no later than Sep 30, 2001

Annual Report Form

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 applicable

HEALTH ESSENTIALS, LLC

NANCY ARCHIBALD
635 TYSON AVE

IDAHO FALLS, ID 83401

2. Registered Agent and Office **NO PO BOX**NANCY ARCHIBALD
635 TYSON AVE

IDAHO FALLS, ID 83401

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held _____ Name _____

Street or P.O. Address _____

City _____

State _____

Zip _____

President Nancy Archibald 635 Tyson Ave, Idaho Falls, Idaho
 Manager 83401

Organized Under the Laws of:

IDAHO
W 4687

Issued 07/02/2001

6.
Signature _____Name (Typed or
Printed) _____

Nancy Archibald Date 7-11-01
 Nancy Archibald Title President

Do Not Tape or Staple