

No. C 145155

Due no later than August 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WELLNESS HEALTH PARTNERSHIPS, INCOR  
DR. BRIAN MACCOY  
15171 N HAUSER LAKE RD  
HAUSER LAKE, ID 83854BRIAN L MACCOY  
15171 N HAUSER LAKE RD  
HAUSER LAKE, ID 83854NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	DR. Brian MacCoy	810 N. Henry Ste 390	Post Falls	ID	83854
Secretary	Suzy MacCoy	810 N. Henry Ste 390	Post Falls	ID	83854

5. Organized Under the Laws of:

IDAHO  
C 145155

6.

Signature



Date

6-16-2008

Name (Typed or Printed)

Dr. Brian MacCoy

Title

owner

Issued 06/02/2008

Do Not Tape or Staple

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