

No. C 172544	Due no later than Apr 30, 2014 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. HEALTH PLUS KINESTOLOGY INC ALAN S TRITES 9071 SHOUP BOISE ID 83709		ALAN TRITES 9071 SHOUP BOISE ID 83709			
			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
DIRECTOR	ALAN S TRITES	2801 W LOST RAPID DR	MERIDIAN	ID	USA	83646
PRESIDENT	DAVID W RAMSEY	13663 S LOCUST	OLATHE	KS	USA	66061
5. Organized Under the Laws of: ID C 172544	6. Annual Report must be signed.* Signature: Alan Trites Name (type or print): Alan Trites		Date: 03/02/2014 Title: Owner- Biz Closed Aug 2012			
Processed 03/02/2014		* Electronically provided signatures are accepted as original signatures.				