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| No. C 102725 | | Due no later than Jul 31, 2015 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HEARTLAND WELLNESS CENTER, INC. CRETE BROWN 303 N 12TH AVE POCATELLO ID 83201 | | CRETE BROWN 303 N 12TH AVE POCATELLO ID 83201 | |
| | | | | 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 | CRETE BROWN | PO BOX 741 | AMERICAN FALLS | ID | USA 83211 |
| 5. Organized Under the Laws of: ID C 102725 | | 6. Annual Report must be signed.* Signature: Crete Brown Name (type or print): Crete Brown Date: 07/11/2015 Title: Owner, President | | | |
| Processed 07/11/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |