

No. <b>C 56820</b>		<b>Due no later than Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HEALTH ENTERPRISES, INC. KRISTINE L WEAR 1309 1ST ST S NAMPA ID 83651		KRISTINE WEAR 17887 POLARA WAY NAMPA ID 83651			
						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	KRISTINE L WEAR	17887 POLARA WAY	NAMPA	ID	USA	83687	
SECRETARY	ALLISON C WEAR	17887 POLARA WAY	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:  <b>ID C 56820</b>		6. Annual Report must be signed.*  Signature: Kristine Wear Name (type or print): Kristine Wear					
		Date: 09/23/2015 Title: President					
Processed 09/23/2015		* Electronically provided signatures are accepted as original signatures.					