

Annual Report Form
Due No Later Than November 30,

1998

2. Registered Agent and Office NOT A P.O. BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

HEALTH ESSENTIALS, LLC
NANCY ARCHIBALD
635 TYSON AVE

NANCY ARCHIBALD
635 TYSON AVE

IDAHO FALLS ID 83401

3. Organized Under the Laws of:

ID W 4687

★★ FINAL NOTICE ★★

IDAHO FALLS ID 83401

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Manager Nancy L. Archibald
635 Tyson Avenue
Idaho Falls, Id. 83401

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Nancy L. Archibald 11-10-98
Nancy L. Archibald Title Manager

ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

537