No. C 154684		Due no later than May 31, 2015 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX) EDWARD MCEACHERN 1205 N 11TH ST BOISE 83702			
Return to:				EDWARD I				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		W-1/20070000000000000000000000000000000000				
		HEALTHCARE DEVELOPMENT, INC. JOHN E MCEACHERN 1205 N 11TH ST BOISE ID 83702		3. New Registered Agent Signature:*				
NO FILING FEE IF		BOISE ID 63702		J. <u>INEW</u> Regist	13. 11011 Registered Agent Signature.			
RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOHN E MCEACHERN		1205 NORTH 11TH STREET	BOISE	ID	USA	83702	
TREASURER	REASURER JOHN E MCE		1205 NORTH 11T STREET	BOISE	ID	USA	83702	
SECRETARY JOHN E MCEA		EACHERN	1205 NORTH 11TH	BOISE	ID	USA	83702	
PRESIDENT	JOHN E MCEACHERN		1205 N 11TH STREET	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report						
ID C 154684		Signature: J E McEachern			Date: 03/29/2015			
		Name (type o		Title: President				
Processed 03/29/2015		* Electronically p	ovided signatures are accepted as original	signatures.				