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| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215532973 |
| 1.) CORPORATION NAME: Health Freedom Foundation | | DUE DATE: 10/31/2015 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEPHANIE BOSSERMAN 5500 BROWNS GAP TURNPIKE CROZET, VA | | SCC ID NO: 05858154 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY | | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 767 CITY/ST/ZIP: CHARLTON, MA 01507 | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | |
| NAME: HOLLY W HAN TITLE: P/T ADDRESS: 6839 FORT DENT WAY STE 134 CITY/ST/ZIP/CO: TUKWILA, WA 98188 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JONATHAN V WRIGHT TITLE: VP/S ADDRESS: 6839 FORT DENT WAY STE 134 CITY/ST/ZIP/CO: TUKWILA, WA 98188 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: STEPHANIE BOSSERMAN TITLE: DIRECTOR ADDRESS: 5500 BROWNS GAP TNPK CITY/ST/ZIP/CO: CROZET, VA 22932 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | |
| /s/ HOLLY W HAN | HOLLY W HAN, P/T | 9/4/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |