

1.) CORPORATION NAME: HEALTH FACTORS EMPOWERING SELF CARE INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	DUE DATE: 1/31/2016 SCC ID NO: F1884115 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	25,000
CLASS	AUTHORIZED				
COMV	25,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: FN					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 501-1630 PANDOSY ST BRITISH COLUMBIA V1Y 1P7 CITY/ST/ZIP: KELOWNA , Canada
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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: VIC LEBOUTHILLIER TITLE: PRESIDENT ADDRESS: 501-1630 PANDOSY ST KELOWNA, BC V1Y 1P7 CANADA CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: FARIDA CONTRACTOR TITLE: DIR-CUSTOMER SR ADDRESS: 501-1630 PANDOSY ST KELOWNA BC, V1Y 1P7 CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ VIC LEBOUTHILLIER	VIC LEBOUTHILLIER, PRESIDENT	1/20/2016
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.