FORM D

Notice of Exempt Offering of Securities

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

	OMB APPROVAL
	OMB Number: 3235-0076
	Expires: August 31, 2015
	Estimated Average burden hours per response: 4.0

1. Issuer's Identity		
CIK (Filer ID Number)	Previous Name(s) 🔲 None	Entity Type
0001101026	WESTERN GLORY HOLE INC	• Corporation
Name of Issuer		C Limited Partnership
HEALTH ENHANCEMENT PRODUCTS INC		C Limited Liability Company
Jurisdiction of Incorporation/Organization		C General Partnership
NEVADA		C Business Trust
Year of Incorporation/Organiz	ation	C Other
• Over Five Years Ago		
• Within Last Five Years (Specify Year)		
• Yet to Be Formed		

2. Principal Place of	Business and	Contact Informa	tion
Name of Issuer			
HEALTH ENHANCEMENT PE	RODUCTS INC		
Street Address 1		Street Address 2	
7 WEST SQUARE LAKE RD			
City	State/Province/Count	ry ZIP/Postal Code	Phone No. of Issuer
BLOOMFIELD HILLS	MICHIGAN	48302	(248) 452 9866

3. Related Persons

Last Name	First Name		Middle Name
GORMAN	JOHN		
Street Address 1		Street Address 2	
7740 E. EVANS RD., ST A101			
City	State/Province/Co	untry	ZIP/Postal Code
SCOTTSDALE	ARIZONA		85260
Relationship: Execu	tive Officer	Director	Promoter
Clarification of Response (if Necessar	y)		
Last Name	First Name		Middle Name
YOUNG	BRIAN		
Street Address 1		Street Address 2	
7 WEST SQUARE LAKE RD.			

City		State/Province/	Country	ZIP/Postal Code	
BLOOMFIELD HILLS		MICHIGAN		48302	
				·	
Relationship:	Execut	tive Officer	Director	Promoter	
Clarification of Resp	onse (if Necessar	y)			
Last Name		First Name		Middle Name	
DAHL		ANDREW			
Street Address 1			Street Addres	ss 2	
7 WEST SQUAR	E LAKE RD.				
City		State/Province/	Country	ZIP/Postal Code	
BLOOMFIELD HI	LLS	MICHIGAN		48302	
Relationship:	Execut	tive Officer	Director	Promoter	
Clarification of Resp	onse (if Necessar	v)			
L					
Last Name		First Name		Middle Name	
		PHILIP			
Street Address 1		Street Address 2			
7 WEST SQUAR				33 m	
	E LAKE KD.	State (Devenier and		ZID/Destal Cede	
City		State/Province/	Country	ZIP/Postal Code	
BLOOMFIELD HI	LLS	MICHIGAN		48302	
Relationship:	Execut	tive Officer	Director	Promoter	
Clarification of Resp	onse (if Necessar	y)			

4. Industry Group

C Agriculture

Banking & Financial Services

- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking
- C Pooled Investment Fund

Other Banking & Financial © Services

C Business Services

Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services

Health Care

- C Biotechnology
- C Health Insurance
- C Hospitals & Physicians
- C Pharmaceuticals
- Other Health Care

C Manufacturing

- Real Estate
- C Commercial
- C Construction
- C REITS & Finance
- C Residential
- C Other Real Estate

C Retailing

C Restaurants

Technology

- C Computers
- C Telecommunications
- C Other Technology

Travel

- C Airlines & Airports
- C Lodging & Conventions
- C Tourism & Travel Services
- C Other Travel
- O Other

5. Issuer Size

Revenue Range

Aggregate Net Asset Value Range

\odot	No Revenues	C	No Aggregate Net Asset Value
С	\$1 - \$1,000,000	С	\$1 - \$5,000,000
С	\$1,000,001 - \$5,000,000	C	\$5,000,001 - \$25,000,000
C	\$5,000,001 - \$25,000,000	C	\$25,000,001 - \$50,000,000
C	\$25,000,001 - \$100,000,000	C	\$50,000,001 - \$100,000,000
С	Over \$100,000,000	C	Over \$100,000,000
C	Decline to Disclose	C	Decline to Disclose
C	Not Applicable	C	Not Applicable

Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)				
Rule 504(b)(1) (not (i), (ii) or (iii))		Rule 505		
Rule 504 (b)(1)(i)		Rule 506(b)		
Rule 504 (b)(1)(ii)		Rule 506(c)		
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)			
Investment Company Act Section 3(c)				

7.	Type of Fi	ling		
•	New Notice	Date of First Sale	2012-07-13	First Sale Yet to Occur
	Amendment			

8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

O Yes O No

9. Type(s) of Securities Offered (select all that apply)					
Pooled Investment Fund Interests	•	Equity			
Tenant-in-Common Securities	\Box	Debt			
Mineral Property Securities	•	Option, Warrant or Other Right to Acquire Another Security			
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		Other (describe)			

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? O Yes No

Clarification of Response (if Necessary)

I	
11. Minimum Investment	
Minimum investment accepted from any outside investor	\$ 62500 USD
12. Sales Compensation	
Recipient	Recipient CRD Number
(Associated) Broker or Dealer 🔲 None	(Associated) Broker or Dealer CRD None
Street Address 1	Street Address 2
City	State/Province/Country ZIP/Postal Code
State(s) of Solicitation	□ All States

13. Offering and Sales Amounts

Total Offering Amount	\$ 62500 USD	☐ Indefinite
Total Amount Sold	\$ 62500 USD	1
Total Remaining to be Sold	\$ 0 USD	☐ Indefinite
Clarification of Response	(if Necessary)	

14. Investors

Γ

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,



Number of such non-accredited investors who already have invested in the offering **Regardless of wheth**

Regardless of whether securities in the offering have been or may be sold to	1
persons who do not qualify as accredited investors, enter the total number	1
of investors who already have invested in the offering:	

1	
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15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$	USD	Estimate				
Finders' Fees \$	USD	Estimate				
Clarification of Response (if Necessary)						

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to

any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

	\$ 30000	US	D Estimate		
Clarification of Response (if Necessary)					
Signature and Submission					
Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.					
Terms of Submission					
In submitting this notice, each Issuer named	above is:				
 Notifying the SEC and/or each State described and undertaking to furnis 			8		

Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

offerees.

 Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
HEALTH ENHANCEMENT PRODUCTS INC	/s/ PHILIP M. RICE, II	PHILIP M. RICE, II	CFO	2012-07-26