

2894 ORCHARD LAKE RD

## 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	
Name of Issuer    HOLE INC   Corporation   C	
HEALTH ENHANCEMENT	
Zamato zasany compa	iny
Jurisdiction of Incorporation/Organization  General Partnership	
NEVADA Business Trust	
Year of Incorporation/Organization	
© Over Five Years Ago	
Within Last Five Years	
(Specify Year)	
C Yet to Be Formed	
2. Principal Place of Business and Contact Information	
Name of Issuer	
HEALTH ENHANCEMENT PRODUCTS INC	
Street Address 2	
2804 ORCHARD LAKE RD	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer    KEEGO HARBOR	
MICHIGAN 48320 (248) 452 9866  3. Related Persons	
MICHIGAN   48320   (248) 452 9866	
MICHIGAN 48320 (248) 452 9866  3. Related Persons	
MICHIGAN  48320  (248) 452 9866  3. Related Persons  Last Name  First Name  Middle Name	
MICHIGAN  48320  (248) 452 9866  3. Related Persons  Last Name  First Name  Middle Name  GORMAN  JOHN	
MICHIGAN  48320  (248) 452 9866  3. Related Persons  Last Name  First Name  Middle Name  GORMAN  JOHN  Street Address 1  Street Address 2	
MICHIGAN  48320  (248) 452 9866  3. Related Persons  Last Name  First Name  Middle Name  GORMAN  JOHN  Street Address 1  Street Address 2  2894 ORCHARD LAKE RD	
MICHIGAN   48320   (248) 452 9866	
Ast Name  First Name  Middle Name  GORMAN  Street Address 1  Street Address 2  2894 ORCHARD LAKE RD  City  State/Province/Country  State/Province/Country  ZIP/Postal Code  KEEGO HARBOR  MICHIGAN  [248) 452 9866	
MICHIGAN   48320   (248) 452 9866	
Ast Name  First Name  Middle Name  GORMAN  Street Address 1  Street Address 2  2894 ORCHARD LAKE RD  City  State/Province/Country  State/Province/Country  ZIP/Postal Code  KEEGO HARBOR  MICHIGAN  [248) 452 9866	
Ast Name  First Name  Middle Name  GORMAN  Street Address 1  Street Address 2  2894 ORCHARD LAKE RD  City  State/Province/Country  City  State/Province/Country  Middle Name  ZIP/Postal Code  KEEGO HARBOR  MICHIGAN  Relationship:  Executive Officer  Director  Promoter	
Ast Name  First Name  Middle Name  GORMAN  Street Address 1  Street Address 2  2894 ORCHARD LAKE RD  City  State/Province/Country  City  State/Province/Country  Middle Name  ZIP/Postal Code  KEEGO HARBOR  MICHIGAN  Relationship:  Executive Officer  Director  Promoter	
Ast Name  First Name  Middle Name  GORMAN  Street Address 1  Street Address 2  2894 ORCHARD LAKE RD  City  State/Province/Country  City  State/Province/Country  Middle Name  ZIP/Postal Code  KEEGO HARBOR  MICHIGAN  Relationship:  Executive Officer  Director  Promoter	
Ast Name  First Name  Middle Name  GORMAN  Street Address 1  Street Address 2  2894 ORCHARD LAKE RD  City  State/Province/Country  City  State/Province/Country  Middle Name  ZIP/Postal Code  KEEGO HARBOR  MICHIGAN  Relationship:  Executive Officer  Director  Promoter	
3. Related Persons  Last Name First Name Middle Name  GORMAN JOHN  Street Address 1 Street Address 2  2894 ORCHARD LAKE RD  City State/Province/Country ZIP/Postal Code  KEEGO HARBOR MICHIGAN 48320  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)	

KEEGO HARBOR				
ILLUG HARBOR	МІСНІ	GAN	48320	
Relationship:	Executive Officer	✓ Directe	or Promoter	
Clarification of Response	(if Necessary)			
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T 4 NT	T1		ACTO AT	
Last Name	First Nam		Middle Name	
DAHL	ANDRE			
Street Address 1		Street Add	ress 2	
2894 ORCHARD LA	KE RD			
City	State/Pro	vince/Country	ZIP/Postal Code	
KEEGO HARBOR	МІСНІ	GAN	48320	
Relationship:	Executive Officer	☐ Directe	or Promoter	
Clauffingston - CP	(:E Nigger		<u> </u>	
Clarification of Response	(II Necessary)			
Last Name	First Nam	ne	Middle Name	
RICE	PHILIP			
Street Address 1		Street Add	ress 2	
2894 ORCHARD LA	KE RD			
	KE KD			
		vince/Country	ZIP/Postal Code	
			ZIP/Postal Code	
City	State/Pro			
City	State/Pro	GAN	48320	
KEEGO HARBOR  Relationship:	State/Pro  MICHIO  Executive Officer	GAN	48320	
KEEGO HARBOR  Relationship:	State/Pro  MICHIO  Executive Officer	GAN	48320	
KEEGO HARBOR Relationship:	State/Pro  MICHIO  Executive Officer	GAN	48320	
KEEGO HARBOR Relationship:	State/Pro  MICHIO  Executive Officer	GAN	48320	
KEEGO HARBOR  Relationship:  Clarification of Response	State/Pro  MICHI  Executive Officer  (if Necessary)	GAN Directo	48320  Promoter	
KEEGO HARBOR  Relationship:  Clarification of Response	State/Pro  MICHIO  Executive Officer	GAN Directo	48320	
KEEGO HARBOR  Relationship:  Clarification of Response	State/Pro  MICHI  Executive Officer  (if Necessary)	GAN Directo	48320  Promoter	
Relationship:  Clarification of Response  Last Name  PAYNE	State/Pro MICHIO Executive Officer (if Necessary)	GAN Directo	Middle Name	
Relationship:  Clarification of Response  Last Name  PAYNE	State/Pro MICHIO Executive Officer (if Necessary)  First Nam JOHN	GAN Directo	Middle Name	
Relationship: Clarification of Response  Last Name PAYNE Street Address 1 2894 ORCHARD LA	State/Pro MICHIO  Executive Officer  (if Necessary)  First Nam JOHN  KE RD	GAN Directo	Middle Name	
Relationship: Clarification of Response  Last Name PAYNE Street Address 1 2894 ORCHARD LA	State/Pro MICHIO  Executive Officer  (if Necessary)  First Nam JOHN  KE RD	Directe  Street Add  vince/Country	Middle Name	
KEEGO HARBOR  Relationship: Clarification of Response  Last Name  PAYNE Street Address 1  2894 ORCHARD LA	State/Pro  MICHI  Executive Officer  (if Necessary)  First Nam  JOHN  KE RD  State/Pro	Directe  Street Add  vince/Country	Middle Name  ZIP/Postal Code	
KEEGO HARBOR  Relationship:  Clarification of Response  Last Name  PAYNE  Street Address 1  2894 ORCHARD LA  City  KEEGO HARBOR	State/Pro  MICHIO  Executive Officer  (if Necessary)  First Nam  JOHN  KE RD  State/Pro  MICHIO	Street Add wince/Country	Middle Name  Tress 2  ZIP/Postal Code  48320	
KEEGO HARBOR  Relationship: Clarification of Response  Last Name  PAYNE Street Address 1  2894 ORCHARD LA City  KEEGO HARBOR	State/Pro  MICHI  Executive Officer  (if Necessary)  First Nam  JOHN  KE RD  State/Pro	Street Add vince/Country  GAN	Middle Name  Tress 2  ZIP/Postal Code  48320	
Relationship:  Clarification of Response  Last Name  PAYNE  Street Address 1  2894 ORCHARD LA  City  KEEGO HARBOR  Relationship:	State/Pro MICHIO  Executive Officer  (if Necessary)  First Nam JOHN  KE RD  State/Pro MICHIO	Street Add wince/Country	Middle Name  Tress 2  ZIP/Postal Code  48320	
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Relationship: Clarification of Response  Last Name PAYNE Street Address 1  2894 ORCHARD LA City	Executive Officer  (if Necessary)  First Nam  JOHN  KE RD  State/Pro  MICHIO  Executive Officer	Street Add vince/Country GAN	Middle Name  Promoter  Middle Name  ZIP/Postal Code  48320  Promoter	
Relationship: Clarification of Response  Last Name PAYNE Street Address 1 2894 ORCHARD LA City KEEGO HARBOR  Relationship: Clarification of Response	State/Pro MICHIO  Executive Officer  (if Necessary)  First Nam  JOHN  KE RD  State/Pro  MICHIO  Executive Officer  (if Necessary)	Street Add vince/Country GAN	Middle Name  ZIP/Postal Code  48320  Promoter  Promoter  Middle Name	

City	State/Province/Country	ZIP/Postal Code
KEEGO HARBOR	MICHIGAN	48320
1		
Relationship: Execut	ive Officer Director	Promoter
larification of Response (if Necessary	y)	
1. Industry Group		
- Agriculture	Health Care	C Retailing
Banking & Financial Services	C Biotechnology	© Restaurants
C Commercial Banking	C Health Insurance C Hospitals & Physicians	(466)
C Insurance	C Pharmaceuticals	Technology
C Investing	Other Health Care	Computers
C Investment Banking	10 mm 1	C Telecommunications
C Pooled Investment Fund		Other Technology
Other Banking & Financial		Travel
C Services	C Manufacturing	C Airlines & Airports
Business Services	Real Estate	C Lodging & Conventions
Energy	C Commercial	C Tourism & Travel Services
C Coal Mining	C Construction	C Other Travel
C Electric Utilities	C REITS & Finance C Residential	O Other
C Energy Conservation C Environmental Services	C Other Real Estate	
C Oil & Gas	Other Real Estate	
C Other Energy		
5. Issuer Size		
evenue Range	200	Asset Value Range
No Revenues	C No Agg	gregate Net Asset Value
\$1 - \$1,000,000	C \$1 - \$5.	,000,000
\$1,000,001 - \$5,000,000	C \$5,000,	001 - \$25,000,000
\$5,000,001 - \$25,000,000	C \$25,000	0,001 - \$50,000,000
\$25,000,001 - \$100,000,000	C \$50,000	0,001 - \$100,000,000
Over \$100,000,000	C Over \$	100,000,000
Decline to Disclose	C Decline	e to Disclose
Not Applicable	C Not Ap	plicable
Codoral Evenueties /	a) and Evaluation (a) O	aimed (aglest all that
6. Federal Exemption(	s) and exclusion(s) Ci	airried (select all that
apply)		
Dulo 504(b)(1) (mc+ (2) (22)	11 11 12 22 11	
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505	
or (iii))	Rule 506(b)	
or (iii))  Rule 504 (b)(1)(i)  Rule 504 (b)(1)(ii)	Rule 506(b) Rule 506(c)	
or (iii)) Rule 504 (b)(1)(i)	Rule 506(b)	

7. Type of Filin	ng
_	Date of First Sale 2013-12-17 First Sale Yet to Occur
☐ Amendment	
8. Duration of	Offering
<u>l</u>	0 6
Does the Issuer intend th	nis offering to last more than one year? Yes No
	Securities Offered (select all that apply)
Pooled Investment Interests	Fund Equity
Tenant-in-Common	— Ontion Warrant or Other Right to
Mineral Property S	Acquire Another Security
Security to be Acque Exercise of Option, Other Right to Acq	Warrant or Other (describe)
Other Right to Acq	and seeming
10. Business (	Combination Transaction
	de in connection with a business combination C Yes No No
Clarification of Respons	e (if Necessary)
11. Minimum I	nvestment
11. Minimum I Minimum investment ac investor	
Minimum investment ac investor	cepted from any outside \$ 250000 USD
Minimum investment ac investor	cepted from any outside \$ 250000 USD
Minimum investment ac investor	cepted from any outside \$ 250000 USD
Minimum investment ac investor  12. Sales Com	pensation  Recipient CRD Number None
Minimum investment ac investor  12. Sales Com	pensation  Recipient CRD Number None  (Associated) Broker or Dealer CRD
Minimum investment ac investor  12. Sales Com Recipient	pensation  Recipient CRD Number None  (Associated) Broker or Dealer CRD None
Minimum investment ac investor  12. Sales Com Recipient	pensation  Recipient CRD Number None  (Associated) Broker or Dealer CRD None
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or 1  Street Address 1	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or 1	pensation  Recipient CRD Number None  None  (Associated) Broker or Dealer CRD None  Number
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or 1  Street Address 1  City	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2  State/Province/Country ZIP/Postal Code
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or 1  Street Address 1	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or 1  Street Address 1  City	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2  State/Province/Country ZIP/Postal Code
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or 1  Street Address 1  City	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2  State/Province/Country ZIP/Postal Code
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or I  Street Address 1  City  State(s) of Solicitation	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2  State/Province/Country ZIP/Postal Code
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or I  Street Address 1  City  State(s) of Solicitation	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2  State/Province/Country ZIP/Postal Code
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or I  Street Address 1  City  State(s) of Solicitation	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD None  Street Address 2  State/Province/Country ZIP/Postal Code
Minimum investment ac investor  12. Sales Com Recipient  (Associated) Broker or I  Street Address 1  City  State(s) of Solicitation	pensation  Recipient CRD Number None  None (Associated) Broker or Dealer CRD Number  Street Address 2  State/Province/Country ZIP/Postal Code  All States

Clarification of Response (if Necessary)
The investor has committed \$500,000, of which it has invested \$375,000 to date.
14. Investors
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 whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:
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 \$ 0 USD Estimate
Finders' Fees \$ 0 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.  \$ 125000 USD
Clarification of Response (if Necessary)
Proceeds will be used for general working capital, which may include the payment of compensation to executive officers or directors.
Signature and Submission
Please verify the information you have entered and review the Terms of Submission

USD

Indefinite

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**

Sold

\$ ||125000

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
  described and undertaking to furnish them, upon written request, the information furnished to
  offerees.
- 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.

 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 I	I CFO	2013-12-23