

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

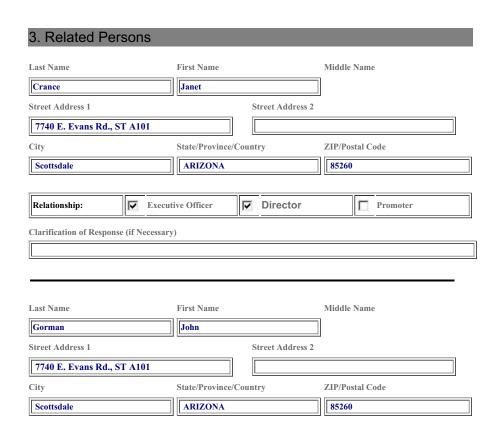
OMB APPROVAL

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 T	ype
0001101026	WESTERN GLOS	RY	⊙ Cor	poration
Name of Issuer	HOLEINC		_	nited Partnership
HEALTH ENHANCEMENT PRODUCTS INC			C Lin	nited Liability Company
Jurisdiction of Incorporation/Organization			200000	neral Partnership
NEVADA				siness Trust
Year of Incorporation/Organizat	 tion		C Oth	er
 Over Five Years Ago 				
C Within Last Five Years (Specify Year)				
C Yet to Be Formed				
Principal Place of I	Business and (Contact Info	ormatio	on
Name of Issuer				
HEALTH ENHANCEMENT PRO	ODUCTS INC			
Street Address 1		Street Address 2		
7740 EAST EVANS RD		SUITE A101		
City	State/Province/Country	ZIP/Postal C	ode	Phone No. of Issuer
SCOTTSDALE	ARIZONA	85260		4803853800



Relationship:	Executive Officer	Director	Promoter	
Clarification of Respons	e (if Necessary)			
Last Name	First Name		Middle Name	
Baer	Howard			
Street Address 1		Street Addres	ss 2	
7740 E. Evans Rd.]		\neg
City	State/Province	e/Country	ZIP/Postal Code	
Scottsdale	ARIZONA		85260	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Respons	e (if Necessary)			
Mr. Baer was the found	ler of the Issuer			
Last Name	First Name		Middle Name	
Crissman	John			
Street Address 1		Street Addres	ss 2	
7740 E. Evans Rd., S	T A101			
City	State/Province	e/Country	ZIP/Postal Code	
Scottsdale	ARIZONA		85260	
Relationship:	Executive Officer	□ Director	Promoter	
Clarifi of D	(CA)		I	
Clarification of Respons	e (if Necessary)			
Last Name	First Name		Middle Name	
Warner	Steven		Nitudie Name	
	Steven	Street Addres	20.2	
Street Address 1	T A101] Silver Audres	99 4	<u> </u>
7740 E. Evans Rd., S		<u> </u>	7700 (16.3)	
City	State/Province	e/Country	ZIP/Postal Code	
Scottsdale	ARIZONA		85260	
Relationship:	Executive Officer	☑ Director	Promoter	
		Bulletti)	8i	
Clarification of Respons	e (if Necessary)			

4. Industry Group

C Agriculture	Health Care	C Retailing
Banking & Financial Services	Biotechnology	C Restaurants
C Commercial Banking	C Health Insurance C Hospitals & Physicians	
C Insurance	C Pharmaceuticals	Technology
C Investing	6 Other Health Care	Computers
C Investment Banking		C Telecommunications
C Pooled Investment Fund		Other Technology
Other Banking & Financial		Travel
C Services	Manufacturing	C Airlines & Airports
C Business Services	Real Estate	C Lodging & Conventions
Energy Coal Mining	C Commercial C Construction	C Tourism & Travel Services
C Electric Utilities	C REITS & Finance	C Other Travel
C Energy Conservation	C Residential	O Other
C Environmental Services	C Other Real Estate	
Oil & Gas		
C Other Energy		
5. Issuer Size		
Revenue Range	Aggregate Net Asset	Value Range
C No Revenues	N-20	e Net Asset Value
S \$1 - \$1,000,000	C \$1 - \$5,000,00	00
C \$1,000,001 - \$5,000,000	\$5,000,001 - \$	\$25,000,000
C \$5,000,001 - \$25,000,000	\$25,000,001 -	\$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 -	\$100,000,000
C Over \$100,000,000	Over \$100,00	0,000
C Decline to Disclose	C Decline to Dis	sclose
C Not Applicable	C Not Applicab	ele
C		
Federal Exemption(s) apply)	and Exclusion(s) Clain	ned (select all that
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505	
Rule 504 (b)(1)(i)	[P. I. 50(4)	
Rule 504 (b)(1)(ii)	Rule 506(b)	
	Rule 506(c)	
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)	
	Investment Company Act Sec	tion 3(c)
7. Type of Filing		
New Notice Date of First Sale	2009-09-14 F	First Sale Yet to Occur
_		
Amendment		
8. Duration of Offering		
		Yes No
Does the Issuer intend this offering to last	more than one year?	1es NO
9. Type(s) of Securities	Offered (select all that a	apply)
Pooled Investment Fund	Equity	
Interests		
☐ Tenant-in-Common Securities ☑	Debt	

☐ Mineral Property Securities			
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?			
Clarification of Response (if Necessary)			
11. Minimum Investment			
Minimum investment accepted from any outside investor S S USD			
40 Calas Carra areation			
12. Sales Compensation Recipient CRD Number None			
Recipient CRD Number			
(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD None Number			
Number			
Street Address 1 Street Address 2			
City State/Province/Country ZIP/Postal Code			
State(s) of Solicitation			
13. Offering and Sales Amounts			
Tulos in Annual Statement			
Total Offering Amount \$ \begin{align*} \text{1800000} & USD & \propto \text{ Indefinite} \\ Total Amount Sold & \$ \begin{align*} \text{1627128} & USD & \propto \text{ Indefinite} \\ \end{align*}			
Total Remaining to be \$ 172872 USD □ Indefinite			
Clarification of Response (if Necessary) offering amount is \$1,800,000, subject to increase, with no			
minimum offering amount.			
14. Investors			
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			

15. Sales Commissions & Finders' Fees Expenses

Sales Commissions	\$	USD	Estimate
Finders' Fees	\$ 143000	USD	Estimate

Clarification of Response (if Necessary)

No sales commissions are being paid in connection with this offering. Finders' Fees were paid in stock and warrants valued for financial statement purposes at \$143,000

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.

Clarification of Response (if Necessary)

\$550,000 is the aggregate amount expected to be paid out over 8 months to executive officers (salary) and promoters (rent and licensing and contract modification fees)

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 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	John Gorman	John Gorman	EVP - Operations	2011-02-01