| No. **W 166358** | **Due no later than May 31, 2018**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>HEALTHY AND VIBRANT FAMILIES LLC<br>SHALLECE M JACOBS<br>2689 MEADOW VIEW RD<br>KUNA ID 83634<br>USA | SHALLECE JACOBS<br>2689 MEADOW VIEW RD<br>KUNA ID 83634-8363<br><br>3. New Registered Agent Signature:* |

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| MEMBER | JOHN C JACOBS | 2689 MEADOW VIEW ROAD | KUNA | ID | USA | 83634 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 166358** | Signature: Shallece Jacobs | Date: 05/15/2018 |
| | Name (type or print): Shallece Jacobs | Title: Owner |

Processed 05/15/2018

* Electronically provided signatures are accepted as original signatures.