No. **W 22804**	**Due no later than Feb 29, 2012**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** HEALTHY RESOLUTIONS PLLC CONNIE C HAHN PHD PO BOX 177 KINGSTON ID 83839	CONNIE C HAHN PHD 135 MCKINLEY AVE KELLOGG ID 83837 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
MANAGER	CONNIE C HAHN PH.D.	135 MCKINLEY AVENUE	KELLOGG	ID	USA	83837

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 22804**	Signature: Connie C. hahn Ph.D Name (type or print): Connie C. hahn Ph.D	Date: 12/11/2011 Title: Agency Director

Processed 12/11/2011

* Electronically provided signatures are accepted as original signatures.