

| | | | | | | | |
|--|----------------------|--|----------|--|---------|-------------|--|
| No. C 130294 | | Due no later than Sep 30, 2005 | | 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 BEGINNINGS, INC. KATHLEEN L LAWRENCE 444 N LINDER RD MERIDIAN ID 83642 0000 | | WENDELL LAWRENCE JR 444 N LINDER RD MERIDIAN ID 83642 0000 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY | KATHLEEN L LAWRENCE | 2530 S. BEAR CLAW WAY | MERIDIAN | ID | USA | 83642 | |
| PRESIDENT | WENDELL LAWRENCE, JR | 2530 S. BEAR CLAW WAY | MERIDIAN | ID | USA | 83642 | |
| 5. Organized Under the Laws of: IDAHO C 130294 | | 6. Annual Report must be signed.* Signature: Kathleen Lawrence Name (type or print): Kathleen Lawrence Date: 07/15/2005 Title: Secretary | | | | | |
| Processed 07/15/2005 | | * Electronically provided signatures are accepted as original signatures. | | | | | |