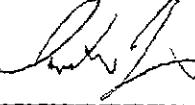


No. W 148032		Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> GRANT W JONES 627 S PINE ST NAMPA ID 83686	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTHY SELF - HEAL THY SELF, L.L.C. GRANT W JONES 627 S PINE ST NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Grant W. Jones 627 S. Adst Nampa, ID USA				
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:  IDAHO W 148032		6. Signature:  Name (type or print): Grant W. Jones			
		Date: 2/23/2017			
		Title: Manager			
Issued 02/23/2017 by JLI					
116910					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM