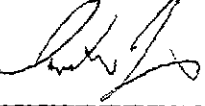


No. W 148032	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GRANT W JONES 627 S PINE ST NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct 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.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Grant W. Jones	627 S Pine St Nampa, ID 83686	USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 148032 </div>		6. Signature:  Date: 2/23/2017 Name (type or print): Grant W. Jones Title: Manager	

 2017 FEB 23 AM 10:44
 SECRETARY OF STATE
 STATE OF IDAHO

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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