

| | | | | | | | |
|--|----------------|---|-------|--|---------|-------------|--|
| No. C 164229 | | Due no later than Dec 31, 2017 | | 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 | | 1. Mailing Address: Correct in this box if needed. HEALTHY HABITS, INC. LINDSAY LAWTON 4487 S TRAILS END LANE BOISE ID 83716 | | LINDSAY LAWTON 4487 S TRAILS END LANE BOISE ID 83716 | | | |
| | | | | 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 | |
| PRESIDENT | LINDSAY LAWTON | 4487 TRAILS END WAY | BOISE | ID | USA | 83716 | |
| SECRETARY | LINDSAY LAWTON | 4487 TRAILS END WAY | BOISE | ID | USA | 83716 | |
| 5. Organized Under the Laws of: ID C 164229 | | 6. Annual Report must be signed.* Signature: Lindsay Lawton Name (type or print): Lindsay Lawton | | | | | |
| | | Date: 11/07/2017 Title: President | | | | | |
| Processed 11/07/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |