

No. <b>C 151721</b>		<b>Due no later than Nov 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HEALTHY SOLUTIONS CORPORATION DON STOWELL 225 N IOWA AVE PO BOX 37 PAYETTE ID 83661-0037		DONALD J STOWELL 225 N IOWA AVE PAYETTE ID 83661				
						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		
TREASURER	DONALD J STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319		
SECRETARY	DONALD J STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319		
PRESIDENT	DONALD J STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319		
DIRECTOR	DONALD J STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319		
DIRECTOR	PATRICIA D STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319		
5. Organized Under the Laws of:  <b>ID</b> <b>C 151721</b>		6. Annual Report must be signed.*  Signature: DonaldJosephStowell Name (type or print): DonaldJosephStowell						Date: 09/18/2017 Title: President
Processed 09/18/2017		* Electronically provided signatures are accepted as original signatures.						