Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		1. Mailing Address: Correct in this box if needed. HEALTHALLIES, INC. 505 NORTH BRAND BOULEVARD SUITE 1200 GLENDALE CA 91203 USA		921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:*			
A Corporations: Enter Names and Busin		 less Addresses of President, Secretary, and Directors. Treasurer		(ontional)			
Office Held	Name	ess Audi esses di Presid	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ANDREW CLARK SEKEL		1250 CAPITAL OF TEXAS HWY S. BUILDING 1 SUITE 250/360	AUSTIN	TX	USA	78746
DIRECTOR	THOMAS MARTIN MURRAY		6300 OLSON MEMORIAL HIGHWAY	GOLDEN VALLEY	MN	USA	55427
DIRECTOR	JOEL RICHARD COSTA		13625 TECHNOLOGY DRIVE	EDEN PRAIRIE	MN	USA	55344
TREASURER	ROBERT WORTH OBERRENDER		9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
SECRETARY			9700 HEALTH CARE LANE	MINNETONKA	MN	USA	55343
PRESIDENT	CHRISTOPHE	R DAVID CIATTO	75 MAIDEN LANE	NEW YORK	NY	USA	10038
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*					
DE		Signature: Mandelii	Date: 12/10/2014				
C 158193		Name (type or print	Title: POA				
Processed 12/10/2014 * Electronically provided signatures are accepted as original signatures.							

Due no later than Jan 31, 2015

2. Registered Agent and Address (NO PO BOX)

No. **C 158193**