

No. C 150371	Due no later than Aug 31, 2009 Annual Report Form	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 SYNERGISM CORPORATION DON STOWELL 204 N IOWA AVE PAYETTE ID 83661	DONALD J STOWELL 204 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
DIRECTOR	PATRICIA D STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
DIRECTOR	DONALD J STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
TREASURER	DONALD J STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
SECRETARY	PATRICIA D STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
PRESIDENT	DONALD J STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
5. Organized Under the Laws of: ID C 150371	6. Annual Report must be signed.* Signature: DonaldJStowell Name (type or print): DonaldJStowell		Date: 08/14/2009 Title: President			
Processed 08/14/2009			* Electronically provided signatures are accepted as original signatures.			