

|  |              |   |       |  |                            |             |  |
|--|--------------|---|-------|--|----------------------------|-------------|--|
| No. <b>C 164305</b>  |              | <b>Due no later than Jan 31, 2018</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |                            |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MRS. BEESLEY'S HEALTHY FOODS, INC.<br>SYLVIA E EVANS<br>10370 OVERLAND RD<br>BOISE ID 83709-1431 |       | GARY A EVANS<br>10370 OVERLAND RD<br>BOISE ID 83709-1431 |                            |             |  |
|  |              |   |       | 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  | GARY A EVANS | 2401 N. KEYSTONE PLACE  | BOISE | ID   | USA                        | 83704       |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*   |       |  |                            |             |  |
| <b>ID<br/>C 164305</b>   |              | Signature: SS   |       |  | Date: 11/25/2017           |             |  |
|  |              | Name (type or print): SS  |       |  | Title: Secretary/Treasurer |             |  |
| Processed 11/25/2017   |              | * Electronically provided signatures are accepted as original signatures.   |       |  |                            |             |  |