



# Idaho Corporation Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)



Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

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**Annual Report: No filing fee if received by the due date.**

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General Business Corporation (D)

Date Formed: 12/14/2011

Formation Locale: ID

**Name and Mailing Address:**

HERBAL HEALTH SOLUTION INC.  
5490 HIGHWAY 52  
NEW PLYMOUTH, ID 83655-5227

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

OLE BAKKE  
5490 HIGHWAY 52  
NEW PLYMOUTH, ID 83655 (PAYETTE COUNTY)

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

| Title          | Name           | Business Address | City, State, Zip      |
|----------------|----------------|------------------|-----------------------|
| President      | Ole Bakke      | 5490 Highway 52  | New Plymouth ID 83655 |
| Vice President | Karl Rasmussen | 3101 S. Groun ST | Kennecock WA 99337    |
| Secretary      | Anya Rasmussen | 3101 S. Groun ST | Kennecock WA 99337    |
| Treasurer      | Betty Bakke    | 5490 Highway 52  | New Plymouth ID 83655 |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|------|------------------|------------------|
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |

(5) Signature:

*Ole Bakke*

(6) Date:

2-23-23

(7) Type/Print Name:

OLE BAKKE

(8) Title:

2-23-23 President

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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