

No. W 160837		Due no later than Jan 31, 2017 Annual Report Form			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ARGELO ARAMBULA 204 E ROOSEVELT AVE NAMPA ID 83686	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HEALTHFUL INNOVATIONS & CONCEPTS LLC 204 E ROOSEVELT AVE NAMPA ID 83686			3. New Registered Agent Signature.	
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member		Name	Street or PO Address	City	State	Country
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Argelio Arambula 204 East Roosevelt Ave Nampa, Id. USA 83686				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 160837		6. Signature: <u>Argelio Arambula</u> Name (type or print): <u>Argelio Arambula</u>				
		Date: <u>12-07-16</u> Title: <u>owner</u>				
Issued 11/30/2016 by SLD						
124446						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**