

No. W 121628		Due no later than Feb 28, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHY 4 YOU 2, LLC BRAD OSTERMILLER 2291 E 200 N ST ANTHONY ID 83445		BRAD OSTERMILLER 2291 E 200 N ST ANTHONY ID 83445	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	LINDA OSTERMILLER	2291E 200 N	ST.ANTHONY	ID	USA 83445
5. Organized Under the Laws of: ID W 121628		6. Annual Report must be signed.* Signature: Brad Ostermiller Name (type or print): Brad Ostermiller Date: 03/25/2014 Title: Agent			
Processed 03/25/2014		* Electronically provided signatures are accepted as original signatures.			