

No. W 85840		Due no later than Jul 31, 2012		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 LIFE HARVEST, LLC JACK ALLISON PO BOX 190716 BOISE ID 83719 USA		JACK ALLISON 1350 S. FIVE MILE # 190716 BOISE ID 83719			
				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	
MANAGER	JACK ALLISON	PO BOX 190716	BOISE	ID	USA	83719	
5. Organized Under the Laws of: ID W 85840		6. Annual Report must be signed.* Signature: Jack Allison Name (type or print): Jack Allison Date: 05/14/2012 Title: Manager					
Processed 05/14/2012		* Electronically provided signatures are accepted as original signatures.					