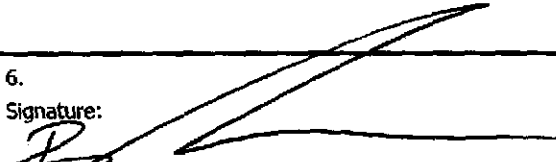
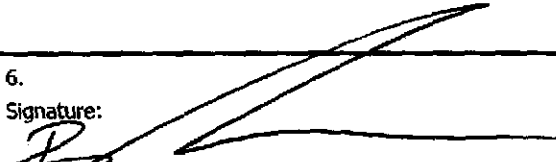
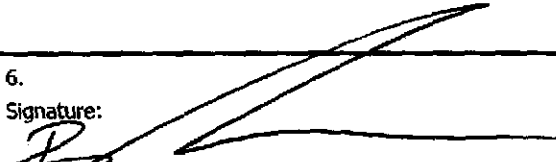


No. W 15873	Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DOYLE R JENSEN MHE 1334 MILLER AVE BURLEY ID 83318
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALTHY PROGRESSION, LLC DOYLE R JENSEN 1334 MILLER AVE BURLEY ID 83318 USA		3. <u>New</u> Registered Agent Signature.

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	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Doyle Jensen	1334 Miller Ave	Burley	ID		83318
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: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 15873</div>	6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Doyle Jensen </td> <td style="width: 40%;"> Date: 6-9-14 Title: owner </td> </tr> </table>	Signature:  Name (type or print): Doyle Jensen	Date: 6-9-14 Title: owner
Signature:  Name (type or print): Doyle Jensen	Date: 6-9-14 Title: owner		

Issued 05/30/2014 by KAH
130948

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM