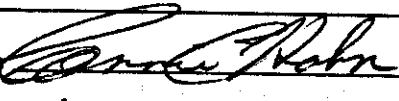


No. W 22804	Due no later than February 29, 2008		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form														
	1. Mailing Address - Correct in this box, if applicable HEALTHY RESOLUTIONS PLLC CONNIE C HAHN PHD PO BOX 177 KINGSTON, ID 83839		CONNIE C HAHN PHD 135 MCKINLEY AVE KELLOGG, ID 83837												
			3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Agency Director</td> <td>Connie C Hahn PhD</td> <td>P.O BOX 177</td> <td>Kingston</td> <td>ID</td> <td>83839</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Agency Director	Connie C Hahn PhD	P.O BOX 177	Kingston	ID	83839
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Agency Director	Connie C Hahn PhD	P.O BOX 177	Kingston	ID	83839										
5. Organized Under the Laws of: IDAHO W 22804	6. Signature  Date <u>12-14-07</u> Name (Typed or Printed) <u>Connie C Hahn</u> Title <u>12-14-07</u>														

Issued 12/03/2007

Do Not Tape or Staple

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