

No. <b>W 84208</b>		<b>Due no later than May 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  HEALTHY HOOF, LLC KARL L NELSON 532 W 3200 S PRESTON ID 83263		KARL L NELSON 532 W 3200 S PRESTON ID 83263			
				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	CAMILLE W NELSON	532 W 3200 S	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:  <b>ID W 84208</b>		6. Annual Report must be signed.* Signature: Camille Nelson Name (type or print): Camille Nelson Date: 03/12/2010 Title: Co Owner					
Processed 03/12/2010		* Electronically provided signatures are accepted as original signatures.					