

No. L 6651		Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTHY BODY LLLP ADAM LEE HAGAMAN #3 17TH AVE S NAMPA ID 83651		ADAM HAGAMAN #3 17TH AVE S NAMPA ID 83651			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	ADAM HAGAMAN	16723 ABRAM AVE		CALDWELL	ID	USA	83607
GENERAL PARTNER	DONALD WIENCEK	12824 WHITE OAK CT		HOMER GLEN	IL	USA	60491
5. Organized Under the Laws of: ID L 6651	6. Annual Report must be signed.* Signature: Adam Hagaman Name (type or print): Adam Hagaman Date: 03/12/2013 Title: Partner						
Processed 03/12/2013	* Electronically provided signatures are accepted as original signatures.						