

No. <b>W 120195</b>	<b>Due no later than Dec 31, 2013</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> HEALTHY4LIFE HERBALIFE INDEPENDENT DISTRIBUTOR, LLC. MICHELLE NELSON 2190 PTARMIGAN WAY AMMON ID 83401	MICHELLE NELSON 2190 PTARMIGAN WAY AMMON ID 83401	
		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	MICHELLE K NELSON	2190 PTARMIGAN WAYS	AMMON ID USA 83401
5. Organized Under the Laws of:  <b>ID W 120195</b>	6. Annual Report must be signed.* Signature: Michelle Nelson Name (type or print): Michelle Nelson		Date: 03/01/2014 Title: Owner
Processed 03/01/2014		* Electronically provided signatures are accepted as original signatures.	