

No. <b>W 120195</b>		<b>Due no later than Dec 31, 2013</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.					