

No. W 120195	Due no later than Dec 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 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: ID W 120195	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.				