| No. <b>W 127045</b>  |                         | Due no later than Jul 31, 2018   |  | 2. Registered A         | 2. Registered Agent and Address (NO PO BOX)   |            |                     |  |
|--|-------------------------|--|--|-------------------------|---|------------|---------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |                         | Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALTHY LIVING WELLNESS AND NUTRITION LLC BECKY BRYSON 9405 GALLOWAY RD MIDDLETON ID 83644 |  | 9405 GALLO<br>MIDDLETON | REBECCA BRYSON 9405 GALLOWAY RD MIDDLETON ID 83644  3. New Registered Agent Signature:* |            |                     |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  |                         |  | on of at least are Mambau at Managar                           |                         |   |            |                     |  |
| Office Held  | Name                    | nes and Address  | ses of at least one Member or Manager.<br>Street or PO Address | City                    | State   | Country    | Postal Code         |  |
| MEMBER<br>MANAGER  | NEAL H BRY<br>REBECCA A |  | 9405 GALLOWAY RD<br>9405 GALLOWAY RD                           | MIDDLETON<br>MIDDLETON  | ID<br>ID  | USA<br>USA | 83644<br>83644-5063 |  |
| 5. Organized Under the Laws of:  |                         | 6. Annual Report must be signed.*  |  |                         |   |            |                     |  |
| ID<br>W 127045   |                         | Signature: Rebecca Bryson<br>Name (type or print): Rebecca Bryson  |  |                         | Date: 05/24/2018<br>Title: Owner  |            |                     |  |
| Processed 05/24/2018 * Electronically provided signatures are accepted as original signatures. |                         |  |  |                         |   |            |                     |  |