

|  |   |  |  |             |                |                                   |
|--|---|--|--|-------------|----------------|-----------------------------------|
| No. <b>W 117880</b>  | <b>Due no later than Oct 31, 2017</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )   |             |                |                                   |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>HEALTHY HABITS @ HOME, LLC<br>KIMBALL LUNDAHL<br>14 S BALTIC PL<br>MERIDIAN ID 83642 |  | KIMBALL LUNDAHL<br>14 S BALTIC PL<br>MERIDIAN ID 83642 |             |                |                                   |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |   |  | 3. <u>New</u> Registered Agent Signature:*             |             |                |                                   |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |   |  |  |             |                |                                   |
| Office Held<br>MEMBER  | Name<br>KIMBALL LUNDAHL   | Street or PO Address<br>14 S BALTIC PL | City<br>MERIDIAN                                       | State<br>ID | Country<br>USA | Postal Code<br>83642              |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 117880</b>                                | 6. Annual Report must be signed.*<br><br>Signature: Kimball Lundahl<br>Name (type or print): Kimball Lundahl  |  |  |             |                | Date: 08/18/2017<br>Title: Member |
| Processed 08/18/2017   | * Electronically provided signatures are accepted as original signatures.   |  |  |             |                |                                   |