No. <b>C 151721</b>		Due no later than Nov 30, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALTHY SOLUTIONS CORPORATION DON STOWELL 204 N IOWA AVE PAYETTE ID 83661 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX)  DONALD J STOWELL  204 N IOWA AVE PAYETTE ID 83661  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				204 N IOWA PAYETTE ID				
4. Corporations: Enter Names a	and Busine	ess Addresses of F	President, Secretary, and Directors. Treas	surer (optional).				
Office Held Nan	ne		Street or PO Address	City	State	Country	Postal Code	
	DONALD J STOWELL		204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319	
	DONALD J S		204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319	
PRESIDENT DONALD J S DIRECTOR DONALD J S			204 N IOWA AVENUE	PAYETTE PAYETTE	ID ID	USA	83661-5319	
			204 N IOWA AVENUE 204 N IOWA AVENUE	PAYETTE	ID	USA USA	83661-5319 83661-5319	
5. Organized Under the Laws of	of:	6. Annual Report must be signed.*						
ID C 151721		Signature: DonaldJStowell			Date: 09/13/2010			
		Name (type or		Title: President				
Processed 09/13/2010	* Electronically provided signatures are accepted as original signatures.							