

No. C 183965	Due no later than Jul 31, 2012 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. HEALTHSTYLE, INC. ROSEANNA HOLLIDAY 4130 N MEADOW RIDGE CIRCLE TWIN FALLS ID 83301 USA		ROSEANNA B HOLLIDAY 4130 N MEADOW RIDGE CIRCLE TWIN FALLS ID 83301			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ROSEANNA B HOLLIDAY	4130 MEADOW RIDGE CIRCLE	Twin Falls	Id	USA	83301-8330
SECRETARY	SCOTT HOLLIDAY	4130 N MEADOW RIDGE CIRCLE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 183965	6. Annual Report must be signed.* Signature: Roseanna Holliday Name (type or print): Roseanna Holliday		Date: 07/12/2012 Title: President			
Processed 07/12/2012		* Electronically provided signatures are accepted as original signatures.				