No. <b>C 199891</b>		Due no later than Oct 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  LIFEWAYS, INC. BARRY J BORGER 702 SUNSET DR ONTARIO OR 97914		2. Registered A	2. Registered Agent and Address (NO PO BOX)  TIM HOEKSTRA 824 S DIAMOND ST NAMPA ID 83686-9791  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				0046 57444				
				NAMPA ID				
				or <u>rieir</u> registe				
1. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TIMOTHY H	DEKSTRA	702 SUN	ONTARIO	OR	USA	97914	
PRESIDENT	MICHAEL HA	NIGAN	702 SUNSET DRIVE	ONTARIO	OR	USA	97914	
SECRETARY	RANDALL JENSON		702 SUNSET DRIVE	ONTARIO	OR	USA	97914	
DIRECTOR	DAN JOYCE		702 SUNSET DRIVE	ONTARIO	OR	USA	97914	
DIRECTOR	RACHEL REYNA		702 SUNSET DRIVE	ONTARIO	OR	USA	97914	
DIRECTOR	DENNIS BURKE		702 SUNSET DRIVE	ONTARIO	OR	USA	97914	
DIRECTOR	DAVID WALDO		702 SUNSET DRIVE	ONTARIO	OR	USA	97914	
VICE PRESIDENT	CHELLE ROE	BINS	702 SUNSET DRIVE	ONTARIO	OR	USA	97914	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
OR C 199891		Signature: Barry J. Borger			Date: 08/21/2018			
		Name (type o		Title: Controller				
Processed 08/21/2018		* Electronically p	rovided signatures are accepted as original	al signatures.				