

No. <b>W 22804</b>	<b>Due no later than Feb 28, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		CONNIE C HAHN PHD 135 MCKINLEY AVE KELLOGG ID 83837			
	HEALTHY RESOLUTIONS PLLC CONNIE C HAHN PHD PO BOX 177 KINGSTON ID 83839		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CONNIE C HAHN PHD	318 N DIVISION ST	KELLOGG	ID	USA	83837
5. Organized Under the Laws of:  <b>ID</b> <b>W 22804</b>		6. Annual Report must be signed.* Signature: Connie C. Hahn Ph.D. Date: 12/13/2010 Name (type or print): Connie C. Hahn Ph.D. Title: Agency Manager/Director				
Processed 12/13/2010		* Electronically provided signatures are accepted as original signatures.				