No. W 4686	Due no later than Sep 30, 2000 Annual Report Form	2. Registered Agent and Office 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 applicable HEALTHY SOLUTIONS, L.C. JAN ROMRELL 2145 BALBOA DR IDAHO FALLS, ID 83404	JAN ROMRELL 2145 BALBOA DR IDAHO FALLS, ID 83404  3. New Registered Agent Signature
<ol> <li>Limited Liability Compan</li> </ol>	ies: Enter Names and Addresses of Managers.	
Office held Name Tan Ro	Street or P.O. Address  mrell 2145 Bulboa Dr Idallof  rul "  u	State Zip Falls FD 85404
5. Organized Under the Laws of:	6. Signature MMMM	Date \$\lumber 14\log 0
IDAHO W 4686	Name (Typed or Jan Rom (U)	Title: Foes (Co-own)
Issued 07/10/2000	Do Not Tape or Staple	1317