




No. C 130294	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) WENDELL LAWRENCE JR 444 N LINDER RD MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HEALTHY BEGINNINGS, INC. KATHLEEN L LAWRENCE 444 N. LINDER ROAD MERIDIAN ID 83642		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
<i>Wendell</i>						
<i>President</i>	<i>Wendell Lawrence</i>	<i>37475 Rustler Lane</i>	<i>Ada</i>			<i>83642</i>
<i>Secretary</i>	<i>Kathleen Lawrence</i>	<i>Meridian, ID</i>				<i>83642</i>

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 130294 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <i>Kathleen Lawrence</i> </td> <td style="width: 40%;"> Date: <i>3-23-16</i> Title: <i>Secretary</i> </td> </tr> </table>	Signature:  Name (type or print): <i>Kathleen Lawrence</i>	Date: <i>3-23-16</i> Title: <i>Secretary</i>
Signature:  Name (type or print): <i>Kathleen Lawrence</i>	Date: <i>3-23-16</i> Title: <i>Secretary</i>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM