

No. <b>C 130294</b>		<b>Due no later than Sep 30, 2009</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>  HEALTHY BEGINNINGS, INC. KATHLEEN L LAWRENCE 444 N. LINDER ROAD MERIDIAN ID 83642		WENDELL LAWRENCE JR 444 N LINDER RD MERIDIAN ID 83642			
						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	WENDELL LAWRENCE, JR	444 N. LINDER RD	MERIDIAN	ID	USA	83642	
SECRETARY	KATHLEEN L LAWRENCE	444 N. LINDER RD	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID</b> <b>C 130294</b>		6. Annual Report must be signed.*  Signature: Kathleen Lawrence Name (type or print): Kathleen Lawrence					
		Date: 10/08/2009 Title: Secretary					
Processed 10/08/2009		* Electronically provided signatures are accepted as original signatures.					