No. <b>W 79144</b>	Due no later than Nov 30, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALTHY KITCHEN COACH, LLC  ALICE M ANDERSON  466 ROSEWOOD DRIVE EAST  TWIN FALLS ID 83301-3642		466 ROSEWO	ALICE M ANDERSON 466 ROSEWOOD DR EAST			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			TWIN FALLS ID 83301-3642  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter N	lames and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ALICE M ANDERSON 466 ROSEWOOD DRIVE EAST		466 ROSEWOOD DRIVE EAST	TWIN FALLS	ID	USA	83301-3642	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: Al	Signature: Alice M. Anderson		Date: 11/08/2012			
W 79144	Name (type or print): Alice M. Anderson		Title: Manager				
Processed 11/08/2012	* Electronically p	* Electronically provided signatures are accepted as original signatures.					