No. C 151721		Due no later than Nov 30, 2015		2. Registered A	2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHY SOLUTIONS CORPORATION DON STOWELL 225 N IOWA AVE PO BOX 37 PAYETTE ID 83661-0037 USA			DONALD J STOWELL 225 N IOWA AVE			
				PAYETTE ID	PAYETTE ID 83661 3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
4. Corporations: Enter Na	ames and Busin	ess Addresses of I	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER DONALD J S		STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319	
SECRETARY DONALD J S		STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319	
PRESIDENT DONALD J S		STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319	
DIRECTOR DONALD J ST		STOWELL	225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319	
DIRECTOR PATRICIA D STOWELL			225 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319	
5. Organized Under the Laws of: 6. An		6. Annual Report must be signed.*						
ID		Signature: dor		Date: 09/17/2015				
C 151721		Name (type or		Title: President				
Processed 09/17/2015	sed 09/17/2015 * Electronically provided signatures are accepted as original signatures.							