

No. <b>W 166358</b>		<b>Due no later than May 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b>  HEALTHY AND VIBRANT FAMILIES LLC SHALLECE M JACOBS 2689 MEADOW VIEW RD KUNA ID 83634 USA		SHALLECE JACOBS 2689 MEADOW VIEW RD KUNA ID 83634-8363			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOHN C JACOBS	Street or PO Address 26		City KUNA	State ID	Country USA	Postal Code 83634
5. Organized Under the Laws of:  <b>ID</b> <b>W 166358</b>		6. Annual Report must be signed.*  Signature: Shallece Jacobs Name (type or print): Shallece Jacobs  Date: 05/07/2017 Title: Owner					
Processed 05/07/2017 * Electronically provided signatures are accepted as original signatures.							