

No. <b>C 151721</b>		<b>Due no later than Nov 30, 2011</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> HEALTHY SOLUTIONS CORPORATION DON STOWELL 204 N IOWA AVE PO BOX 37 PAYETTE ID 83661-0037 USA		DONALD J STOWELL 204 N IOWA AVE PAYETTE ID 83661		
				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
TREASURER	DONALD J STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
SECRETARY	DONALD J STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
PRESIDENT	DONALD J STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
DIRECTOR	DONALD J STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
DIRECTOR	PATRICIA D STOWELL	204 N IOWA AVENUE	PAYETTE	ID	USA	83661-5319
5. Organized Under the Laws of:  <b>ID C 151721</b>		6. Annual Report must be signed.* Signature: Donaldjstowell Name (type or print): Donaldjstowell  Date: 09/12/2011 Title: President				
Processed 09/12/2011		* Electronically provided signatures are accepted as original signatures.				