



	Idaho Limited Liability Company Annual Report Form			
	File online at: SOSBIZ.idaho.gov		Return completed form within 30 d	
	Due on/Before: 09/30/2018	Reporting Year: 2018	Idaho Secretary of State Attn: Annual Reports	<u> </u>
Annual Pan	ort: No filing fee if received	hy dua data	450 North 4th Street	2
Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00.			Boise, ID 83702 Phone: (208) 334-2300	1
	Number: 433234	Filing Status: Active-Existing	Filone. (200) 334-2300	
	ty Company (D)	Date Formed: 09/12/2014	Formation Locale: ID	2
	y company (b)	Date Formed. Gorizizo14	Tomation Educie. 15	— <u>11</u>
Name and Mailing Address:		(1) A	dd or Change Mailing Address:	<u> </u>
HEALTHY GL	OW LLC OWBROOK CT 83646			
MERIDIAN, II				44
·				AM
_	gent (RA) and Registered Of	ffice (RO) Address: (2) C	hange RA and/or RO Address:	
ROBERT L CRANE JR 1530 E WILLOWBROOK CT 83646				ው ር የ
MERIDIAN, II				W Hj
				ive
	Note: The Registere	d Office address must be a physical Ida	aho address (no postal box)	
(3) New Regi	stered Agent (RA) Signature		and address (no postar sox).	ЬУ
			ers. Do NOT put 'same as last year' or 'sar f more space is needed, please add an atta	
Manager/Membe		Business Address	City, State, Zip	- Q
✓ Mgr				836461
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Mgr Mem				<u>//</u>
(5) Signature:	- Company of the Comp	(6) Da	ate: 10/10/18	<u> </u>
(7) Type/Print Na	me: Robert L. C	rate Jr (8) Ti	itle: OUNER	
	egibly complete the form above. Enc lised is form and return to the address prov		Secretary of State for \$30 if reinstating.	lawerenc
Sign and date ti	is form and return to the address prov	nded above.		õ
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