

No. <b>W 22804</b>		<b>Due no later than Feb 28, 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 RESOLUTIONS PLLC CONNIE C HAHN PHD PO BOX 177 KINGSTON ID 83839	CONNIE C HAHN PHD 135 MCKINLEY AVE KELLOGG ID 83837			
<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 MANAGER	Name CONNIE C HAHN PH.D.	Street or PO Address 135 MCKINLEY AVENUE	City KELLOGG	State ID	Country USA	Postal Code 83837
5. Organized Under the Laws of:  <b>ID W 22804</b>	6. Annual Report must be signed.*  Signature: Connie C. HahnPh.D. Name (type or print): Connie C. HahnPh.D.					Date: 12/22/2016 Title: Agency Director
Processed 12/22/2016		* Electronically provided signatures are accepted as original signatures.				