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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 180111</b>                                                                                                                                    |                   | <b>Due no later than Sep 30, 2011</b>                                                                                                                        |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LIVING WELL, INC.<br>TAMMY MOREHOUSE<br>6003 W. OVERLAND RD.<br>SUITE 101<br>BOISE ID 83709 |       | TAMMY MOREHOUSE<br>321 S OAKHURST WAY<br>BOISE ID 83709 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                              |       | 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 |  |
| PRESIDENT                                                                                                                                              | TAMMY L MOREHOUSE | 321 S. OAKHURST WAY                                                                                                                                          | BOISE | ID                                                      | USA     | 83709       |  |
| SECRETARY                                                                                                                                              | SCOTT H MOREHOUSE | 321 S. OAKHURST WAY                                                                                                                                          | BOISE | ID                                                      | USA     | 83709       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 180111</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Tammy Morehouse<br>Name (type or print): Tammy Morehouse<br>Date: 08/03/2011<br>Title: President             |       |                                                         |         |             |  |
| Processed 08/03/2011                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                    |       |                                                         |         |             |  |