| No. W 97842 | | Due no later than Nov 30, 2011 2. Registered Agent and Address (NO PO | | | PO BOX) | |
|---|--------------------|---|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form | DAVID TEJEDA 365 N 4068 E RIGBY ID 83442 3. New Registered Agent Signature:* | | | |
| | | 1. Mailing Address: Correct in this box if needed. ALL ABOUT HEALTHY PRODUCTS L.L.C. DAVID TEJEDA 365 N 4068 E RIGBY ID 83442 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 20000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2 | ompanies: Enter Na | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER DAVID TEJE | | EDA 365 N 4068 E | RIGBY | ID | USA | 83442 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: David Tejeda | Date: 11/14/2011 | | | |
| W 97842 | | Name (type or print): David Tejeda | Title: Owner | | | |
| Processed 11/14/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | |