No. L 6651 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN TERMINATED 05/14/2014 1. Malling Address: Correct in this box if needed. HEALTHY BODY LLLP ADAM LEE HAGAMAN #3 17TH AVE S NAMPA ID 83651	2. Registered Agent and Office (NDT A P.O. BOX) ADAM HAGAMAN #3 17TH AVE S NAMPA ID 83651
REINSTATEMENT FEE		3. <u>New</u> Registered Agent Signature.
Limited Partnerships: Enter Names and Business Addresses of general partners. General Partners Name Street or PO Address City State Country Postal Code Donald Wichcek IT3-17th Auc S. Namps Id 83651 Adam Hargman #3-17th Auc S. Namps Id 6884 83651		
5. Organized Under the LIDAHO L 6651 Issued 05/16/2014 by onli	Signature: Name (type or print): Adam Hagama	Dete: O5/19/14 Tide: Partner

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a **Post Office Box or Personal Mail Box.**