No. <b>W 22804</b>		Due no later than Feb 28, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CONNIE C H	CONNIE C HAHN PHD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HEALTHY RESOLUTIONS PLLC CONNIE C HAHN PHD PO BOX 177 KINGSTON ID 83839		KELLOGG ID	135 MCKINLEY AVE KELLOGG ID 83837  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CONNIE C H		HAHN PH.D.	135 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Connie C. Hahn			Date: 12/28/2017			
W 22804		Name (type or		Title: Manager				
Processed 12/28/2017 * Electronically provided signatures are accepted as original signatures.								