

No. <b>C 189617</b>		<b>Due no later than Jan 31, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		SCOTT M THOMPSON 421 2ND AVE W TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> HEALTHY PROGRESSION OF TWIN FALLS INC. SCOTT M THOMPSON 421 2ND AVE W TWIN FALLS ID 83301		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	
SECRETARY	TEDI S THOMPSON	421 2ND AVE W	TWIN FALLS	ID	USA	83301	
PRESIDENT	SCOTT M THOMPSON	421 2ND AVE W	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 189617</b>		Signature: Tedi S Thompson			Date: 11/16/2015		
		Name (type or print): Tedi S Thompson			Title: Secretary		
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.					