No. <b>W 141478</b> Return to:		Due no later than Aug 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALTH NUTZ LLC HAYES MANAGEMENT SERVICES 890 OXFORD DR IDAHO FALLS ID 83401 USA			2. Registered Agent and Address (NO PO BOX)  SUSANNA R STEED  890 OXFORD DRIVE IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				IDAHO F				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SUSANNA R	STEED	5 LOUIE LANE	ROZET	WY	USA	82727	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sus		Date: 08/30/2018				
W 141478		Name (type or		Title: Member				
Processed 08/30/2018 * Electronically provided signatures are accepted as original signatures.								