



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no leter then: 02/29/2010

Return	completed	form	within	30	days	to		
1-1-1 0								

Idaho Secretary of State

TI TOTAL	due no later than, 02/26/2019	Reporting rear. 201	Aun. Annu	Attn: Annual Reports 450 North 4th Street			
Annual	Report: No filing fee if rec	Boise, ID 8	Boise, ID 83720 Phone: (208) 334-2300				
			Priorie: (20	96) 334-2300			
SOS Control N	umber: 81857	Filing Status: Active-Existin	g				
Professional Lin	nited Liability Company (D)	Date Formed: 02/18/2003	Formation	Locale: ID			
Name and Mai	ling Address:		1) Add or Change Mail	ling Address:			
HEALTHY RES	OLUTIONS PLLC		Healthy Resolutions PLCC P.D. Box 175				
PO BOX 177			P.O. Box 175				
KINGSTON, ID	83839		Pinchurst, ID 83850				
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Registered Ag	ent (RA) and Registered O	ffice (RO) Address:	(2) Change RA and/or	RO Address:			
135 MCKINLEY				$(\mathcal{A}_{i}, \mathcal{A}_{i}, A$			
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KELLOGG, ID	03037		· · · · · · · · · · · · · · · · · · ·				
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	Note: The Registere	d Office address must be a physica	il Idaho address (no p	oostal box).			
(2) Nove Bosins	loved Ament (DA) Signature	· · · · · · · · · · · · · · · · · · ·					
(3) New Regist	tered Agent (RA) Signature	If a new agent is appointed in item	(2) above, the new ager	of must sign here to accept the appointment.			
(4) Limited Liabili	ty Companies: Enter names ar accepted. Changes here will n	ot affect the entity mailing addres	s. If more space is r	t 'same as last year' or 'same as above needed, please add an attachment.			
Manager/Member	Name	Business Address		City, State, Zip			
Mgr Mem	Connie C. Hahn, P		Avenue	Kellega ID 83832			
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(5) Signature;	Camir Holm	Cho	6) Date: 3-12	?-/9			
(7) Type/Print Nam	e: Connie	ChD E Hahnpho	(8) Title: 231 a	n a-9.1			

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.