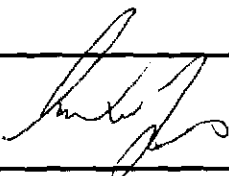
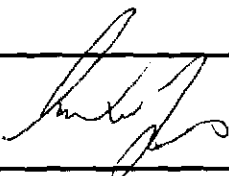
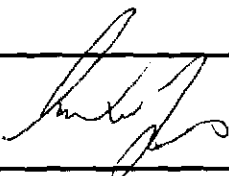


No. W 148032	Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GRANT W JONES 324 N MIDLAND BLVD #1 627 S. Pine St NAMPA ID 83651 83686																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALTHY SELF - HEAL THY SELF, L.L.C. GRANT W JONES 324 N MIDLAND BLVD #1 627 S. Pine St NAMPA ID 83651 83686		3. <u>New</u> Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																															
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 148032 </div>		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Signature:  </td> <td style="width: 50%;"> Date: 3/14/2016 </td> </tr> <tr> <td> Name (type or print): <u>Grant W. Jones</u> </td> <td> Title: <u>Member, Mgr.</u> </td> </tr> </table>		Signature: 	Date: 3/14/2016	Name (type or print): <u>Grant W. Jones</u>	Title: <u>Member, Mgr.</u>																								
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Issued 03/14/2016 by TLB		117288																													