No. <b>W 113678</b>		Due no later than May 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  NATURAL ESSENCE WELLNESS LLC SAMANTHA HICKEY 5530 DIAMOND RIDGE WAY NAMPA ID 83686		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					SAMANTHA BERG 5530 DIAMOND RIDGE WAY NAMPA ID 83686  3. New Registered Agent Signature:*			
				3.				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MEMBER SAMANTHA H		HICKEY	5530 DIAMOND RIDGE WAY	N	IAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Samantha Hickey			Date: 06/15/2014			
W 113678		Name (type or print): Samantha Hickey			Title: Owner			
Processed 06/15/2014 * Electronically provided signatures are accepted as original signatures.								