| No. W 81034 | | Due no later than Jan 31, 2016 Annual Report Form | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|------------------------------------------------------------------------------------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HEALTH TONEZ, LLC JESSICA SKINNER 312 W SOUTH ST GRANGEVILLE ID 83530 | | 312 W SOUTH GRANGEVILLE | JESSICA L SKINNER 312 W SOUTH STREET GRANGEVILLE ID 83530 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | JESSICA SK | INNER | 312 W SOUTH ST | GRANGEVILLE | ID | USA | 83530 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Jessica Skinner | | | Date: 02/16/2016 | | | |
| W 81034 | | Name (type or | | Title: Member | | | | |
| Processed 02/16/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |