No. W 156211		Due no later than Sep 30, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. APOLLO WELLNESS SOLUTIONS, LLC 606 COPPERTREE DR NAMPA ID 83651		COC COPPE	NICHOLE OPRINS 606 COPPERTREE DR			
				NAMPA ID	NAMPA ID 83651			
NO FILING HEE IF				3. <u>New</u> Regist	ered Agent S	ignature:*		
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name	nes and Addresses	Street or PO Address	City	State	Country	Postal Code	
		ARIE OPRINS	606 N COPPERTREE DR	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nichole Oprins			Date: 10/22/2016			
W 156211		Name (type or		Title: Owner				
Processed 10/22/2016 * Electronically provided signatures are accepted as original signatures.								