

No. W 104516		Due no later than Jun 30, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MOUNTAIN REFRESHED HEALTH, LLC JAMES C WALDEN 907 OXFORD RD BONNERS FERRY ID 83805 USA		CECIL WALDEN 907 OXFORD RD BONNERS FERRY ID 83805	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	JAMES C WALDEN	907 OXFORD RD	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of: ID W 104516		6. Annual Report must be signed.* Signature: James C Walden Name (type or print): James C Walden Date: 06/28/2015 Title: owner/mgr			
Processed 06/28/2015		* Electronically provided signatures are accepted as original signatures.			