No. **W 158860**	**Due no later than Nov 30, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SURVIVAL ALPHA, LLC. SURVIVAL ALPHA, LLC 664 MEADOW CREEK RD BONNERS FERRY ID 83805	CHRISTIAN FIORAVANTI 664 MEADOW CREEK RD BONNERS FERRY ID 83805 3. New 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
MEMBER	LYNDA L. FIORAVANTI	664 MEADOW CREEK ROAD	BONNERS FERRY	ID	USA	83805

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 158860**	Signature: Lynda Fioravanti	Date: 11/06/2016
	Name (type or print): Lynda Fioravanti	Title: Member Administrator

Processed 11/06/2016 * Electronically provided signatures are accepted as original signatures.