No. **W 163380**	**Due no later than Mar 31, 2018** **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.** HEAL GROW THRIVE, LLC H SCHERNTHANNER PO BOX 1523 KETCHUM ID 83340-1523 USA	HEIDI SCHERNTHANNER 200 FLOWER DR KETCHUM ID 83340 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
MANAGER	HEIDI SCHERNTHANNER	200 FLOWER DRIVE POB 1523	KETCHUM	ID	USA	83340

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 163380**	Signature: heidi schernthanner	Date: 03/13/2018
	Name (type or print): heidi schernthanner	Title: owner

Processed 03/13/2018

* Electronically provided signatures are accepted as original signatures.