

No. W 154042		Due no later than Jul 31, 2017 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. OPTIMAL HEALTH VENTURES, LLC 11988 W HICKORY DR BOISE ID 83713 USA		DAVID W HOCKMAN EA 1458 S BLUE JAY PL EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name NOAH EDVALSON	Street or PO Address 11988 W HICKORY DR		City BOISE	State ID	Country USA	Postal Code 83713
5. Organized Under the Laws of: ID W 154042		6. Annual Report must be signed.* Signature: Noah Edvalson Name (type or print): Noah Edvalson Date: 05/18/2017 Title: Owner					
Processed 05/18/2017 * Electronically provided signatures are accepted as original signatures.							