

No. W 95185		Due no later than Jul 31, 2015 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. PH PURE HEALTH LLC IVAN D KIER 5525 W. BLVD. #184 VANCOUVER CANADA V6M3W6		JOSHUA SEARLE 3395 SOUTH HOLMES IDAHO FALLS ID 83404			
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 MEMBER	Name IVAN D KIER	Street or PO Address 5525 W. BLVD. #184		City VANCOUVER	State	Country CANADA	Postal Code V6M3W6
5. Organized Under the Laws of: ID W 95185		6. Annual Report must be signed.* Signature: Ivan Kier Name (type or print): Ivan Kier Date: 07/07/2015 Title: Member					
Processed 07/07/2015 * Electronically provided signatures are accepted as original signatures.							