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|--|-------------|---|-----------|--|---------------------|
| No. W 95185 | | Due no later than Jul 31, 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 | | Annual Report Form 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 | |
| | | | | 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 |
| MEMBER | IVAN D KIER | 5525 W. BLVD. #184 | VANCOUVER | CANADA | V6M3W6 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 95185 | | 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. | | | |