

No. W 89007		Due no later than Dec 31, 2012		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		LARRY LEACH 11665 W STATE ST STAR ID 83669			
		1. Mailing Address: Correct in this box if needed. C&L HEALTH PRODUCTS, LLC LARRY W LEACH PO BOX 827 STAR ID 83669		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	LARRY W LEACH	PO BOX 827	STAR	ID	USA	83669	
MEMBER	LINDA P SCHRADER	PO BOX 827	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 89007		Signature: Larry Leach			Date: 10/17/2012		
		Name (type or print): Larry Leach			Title: Member		
Processed 10/17/2012		* Electronically provided signatures are accepted as original signatures.					