

No. W 91825	Due no later than Mar 31, 2012 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. MEDICINE FROM LIFE AYURVEDA LLC TONA LEISETH PO BOX 515 KETCHUM ID 83340 USA		TONA LEISETH 760 WARMSPRINGS BOISE ID 83712			
			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
MANAGER	TONA LEISETH	PO BOX 515	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID W 91825	6. Annual Report must be signed.* Signature: Tona Leiseth Name (type or print): Tona Leiseth		Date: 04/28/2012 Title: CAS, owner			
Processed 04/28/2012		* Electronically provided signatures are accepted as original signatures.				