

No. W 124436	Due no later than Apr 30, 2016 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. KALO CLINIC STORE, LLC KIM R PEARSON 452 EAST SUNNYSIDE ROAD SANDPOINT ID 83864	KIM R PEARSON 452 EAST SUNNYSIDE ROAD SANDPOINT ID 83864				
		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	SARAH KALOMIROS	8343 AINSWORTH DRIVE	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID W 124436	6. Annual Report must be signed.* Signature: kim r pearson Name (type or print): kim r pearson Date: 04/05/2016 Title: Registered Agent					
Processed 04/05/2016		* Electronically provided signatures are accepted as original signatures.				