

No. <b>W 28793</b>		<b>Due no later than Feb 28, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ROCKY MOUNTAIN HEALTH AND WELLNESS LLC CYNTHIA R CULP 951 E PLAZA DR STE 110 EAGLE ID 83616		CYNTHIA R CULP 951 E PLAZA DR STE 110 EAGLE ID 83616			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 CYNTHIA R CULP	Street or PO Address 951 E. PLAZA DR, STE 110		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 28793</b>		6. Annual Report must be signed.*  Signature: Cynthia R. Culp Name (type or print): Cynthia R. Culp  Date: 02/06/2014 Title: Member					
Processed 02/06/2014      * Electronically provided signatures are accepted as original signatures.							