

No. W 160795		Due no later than Jan 31, 2018 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		1. Mailing Address: Correct in this box if needed. SRH WELLNESS, LLC SHARON R HAMMER 1048 N TORREY PINES AVE EAGLE ID 83616		SHARON R HAMMER 1048 N TORREY PINES AVE EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				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 SHARON R. HAMMER	Street or PO Address 1048 N. TORREY PINES AVE.		City EAGLE	State ID	Country USA	Postal Code 83616-5377
5. Organized Under the Laws of: ID W 160795		6. Annual Report must be signed.* Signature: Shanron R. Hammer Name (type or print): Shanron R. Hammer Date: 01/31/2018 Title: Member					
Processed 01/31/2018 * Electronically provided signatures are accepted as original signatures.							