No. W 104617		Due no later than Jun 30, 2013	2. Registered Agent and Address (NO PO BOX) GENA JEFFERY			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ENCOMPASS HOLISTIC HEALTH, LLC GENA JEFFERY 960 N 6TH E MOUNTAIN HOME ID 83647	1198 N 9TH E MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Con	npanies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER GENA JEFFE		RY 1198 N 9TH E	MOUNTAIN HOM	1E ID	USA	83647
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Gena Jeffery	Date: 07/13/2013			
W 104617		Name (type or print): Gena Jeffery	Title: Owner			
Processed 07/13/2013 * Electronically provided signatures are accepted as original signatures.						