

No. W 114179	Due no later than May 31, 2015 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. PREVENTIVE HEALTH, LLC DANIELLE BENNION 1243 E. IRON EAGLE DR. STE. 130F EAGLE ID 83616		DANIELLE BENNION 1243 E. IRON EAGLE DR. EAGLE 83616			
			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
MEMBER	DANIELLE BENNION	1243 E. IRON EAGLE DR.	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 114179	6. Annual Report must be signed.* Signature: Danielle Bennion Name (type or print): Danielle Bennion		Date: 04/01/2015 Title: Manager			
Processed 04/01/2015		* Electronically provided signatures are accepted as original signatures.				