No. **W 101345**	**Due no later than Mar 31, 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.** GMA HONEYS HEALING SALVE LLC ALLIE M HILLMAN PO BOX 2933 HAILEY ID 83333	LACEY HILLMAN 218 4TH ST HAILEY ID 83333 3. New 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	LACEY J HILLMAN	PO BOX 2933	HAILEY	ID	USA	83333
MANAGER	ALLIE M HILLMAN	PO BOX 2933	HAILEY	ID	USA	83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 101345**	Signature: Lacey Hillman	Date: 01/25/2016
	Name (type or print): Lacey Hillman	Title: co owner

Processed 01/25/2016

* Electronically provided signatures are accepted as original signatures.