No. W 171423		Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SETH PERMANN			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. PRIORITY ONE HEALTH AND SUPPLEMENTS LLC SETH PERMANN PO BOX 3752		17944 POLARA WAY NAMPA ID 83687-8368			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SETH PERI						
	NAMPA ID	NAMPA ID 83653-3752		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA	USA					
4. Limited Liability Companies: Enter	Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SETH ALA	AN PERMANN	17944	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:	Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Seth Permann		Date: 08/05/2017				
W 171423	Name (type	Name (type or print): Seth Permann			Title: CEO		
Processed 08/05/2017	* Electronicall	* Electronically provided signatures are accepted as original signatures.					