

No. C 203620		Due no later than Sep 30, 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. WARRIORS 2 WELLNESS CENTER, INCORPORATED WARRIORS 2 WELLNESS PO BOX 8747 BOISE ID 83707		TREVOR SCHAEFER 9410 WINTERWOOD LN BOISE ID 83714					
				3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
TREASURER	CHERYL MILLER	1752 CANOVA DR	BOISE	ID	USA	83706			
VICE PRESIDENT	SEAN BURLILE	2965 S APPIA	MERIDIAN	ID	USA	83642			
PRESIDENT	CHARLIE SMITH	9410 WINTERWOOD LN	BOISE	ID	USA	83714			
5. Organized Under the Laws of: ID C 203620		6. Annual Report must be signed.* Signature: Cheryl Miller Name (type or print): Cheryl Miller							
		Date: 07/20/2015 Title: Treasurer							
Processed 07/20/2015		* Electronically provided signatures are accepted as original signatures.							