

No. W 139576	Due no later than Jul 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. NOURISHMINT WELLNESS LLC EMILY POTTER 10296 W. SHIRLEY YOUNG LN RATHDRUM ID 83858		EMILY POTTER 10296 W. SHIRLEY YOUNG LN RATHDRUM ID 83858			
			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	EMILY POTTER	10296 W. SHIRLEY YOUNG LN	RATHDRUM	ID	USA	83858
5. Organized Under the Laws of: ID W 139576	6. Annual Report must be signed.* Signature: Emily Potter Name (type or print): Emily Potter		Date: 05/31/2016 Title: Clinical Nutritionist			
Processed 05/31/2016		* Electronically provided signatures are accepted as original signatures.				