No. W 115689		_		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. OROFINO WELLNESS CENTER, PLLC DAMON POPOVICS 5913 GRANGEMONT ROAD OROFINO ID 83544		5913 GRANG OROFINO II	DAMON POPOVICS 5913 GRANGEMONT ROAD OROFINO ID 83544 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY 4. Limited Liability Con	DUE DATE	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAMON POF	POVICS	5913 GRANGEMONT ROAD	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 115689		Signature: Dan		Date: 05/24/2016				
		Name (type or		Title: President				
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.						