No. W 28793  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			Due no later than Feb 28, 2017	2. Registered	2. Registered Agent and Address (NO PO BOX)			
		ROCKY MO CYNTHIA 951 E PLA	Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROCKY MOUNTAIN HEALTH AND WELLNESS LLC CYNTHIA R CULP 951 E PLAZA DR STE 110 EAGLE ID 83616		CYNTHIA R CULP 951 E PLAZA DR STE 110 EAGLE ID 83616-8371  3. New Registered Agent Signature:*			
NO FILING RECEIVED BY I	DUE DATE	Names and Addr.	esses of at least one Member or Manager.					
Office Held	Name	tarres and Addr	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CYNTHIA	R CULP	3886 SAGE CREEK DR.	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID W 28793		Signature	Signature: Cynthia R. Culp		Date: 12/21/2016			
		Name (typ	e or print): Cynthia R. Culp		Title: Member			
Processed 12/21/2016		* Electronical	ly provided signatures are accepted as origina	al signatures.				