

No. W 153885	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.		LINDSEY SICHELSTIEL 1327 E PENNSYLVANIA AVE COEUR D ALENE ID 83814			
	WHITE CYPRESS NATURAL HEALTH LLC LINDSEY SICHELSTIEL 1327 E PENNSYLVANIA AVE COEUR D ALENE ID 83814		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
MANAGER	LINDSEY SICHELSTIEL	1327 E PENNSYLVANIA AVE	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 153885		6. Annual Report must be signed.* Signature: LINDSEY SICHELSTIEL Name (type or print): LINDSEY SICHELSTIEL		Date: 05/30/2016 Title: MS, EAMP, LAC		
Processed 05/30/2016		* Electronically provided signatures are accepted as original signatures.				