No. **W 100288**	**Due no later than Feb 29, 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.** NATURAL HEALTH TECHNIQUES PLLC DENICE M MOFFAT 1069 ELK MEADOW LN DEARY ID 83823-9696	DR DENICE M MOFFAT 1069 ELK MEADOW LN DEARY ID 83823-9696 3. New 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	DENICE M MOFFAT	1069 ELK MEADOW LANE	DEARY	ID	USA	83823-9696

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 100288**	Signature: Denice M Moffat	Date: 01/03/2016
	Name (type or print): Denice M Moffat	Title: Manager

Processed 01/03/2016

* Electronically provided signatures are accepted as original signatures.