No. **W 42361**	**Due no later than Aug 31, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** HEALING DHARMA L.L.C. RYAN M REDMAN 210 W COTTONWOOD ST HAILEY ID 83333	RYAN REDMAN 210 W COTTONWOOD ST HAILEY ID 83333 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
MEMBER	RYAN REDMAN	210 W COTTONWOOD ST	HAILEY	ID		83333
MEMBER	PAIGE REDMAN	210 W COTTONWOOD ST	HAILEY	ID		83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 42361**	Signature: Ryan Redman	Date: 08/21/2015
	Name (type or print): Ryan Redman	Title: Co-Owner

Processed 08/21/2015

* Electronically provided signatures are accepted as original signatures.