

No. <b>W 111171</b>	<b>Due no later than Feb 29, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WELLNESS SCREENINGS, LLC ANNA HAYNES PO BOX 12269 PORTLAND OR 97212		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
			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	BEN WOOD	PO BOX 12269	PORTLAND	OR	USA	97212
5. Organized Under the Laws of:  <b>ID</b> <b>W 111171</b>	6. Annual Report must be signed.* Signature: Benjamin Wood Name (type or print): Benjamin Wood		Date: 12/23/2015 Title: Manager			
Processed 12/23/2015		* Electronically provided signatures are accepted as original signatures.				