

No. <b>W 68827</b>	<b>Due no later than Nov 30, 2017</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> LIFE WELLNESS CENTER LLC KIM MOORE 2931 PARKE CIRCLE DR BOISE ID 83705-2358 USA		ALL DAY \$49 IDAHO REGISTERED A 784 S CLEARWATER LOOP STE F POST FALLS ID 83854			
			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	KIM MOORE	801 WEST MAIN ST STE 100	BOISE	ID	USA	83702
5. Organized Under the Laws of:  <b>ID W 68827</b>		6. Annual Report must be signed.* Signature: Kim Moore Name (type or print): Kim Moore		Date: 09/18/2017 Title: Manager		
Processed 09/18/2017		* Electronically provided signatures are accepted as original signatures.				