

No. W 155397		Due no later than Aug 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. HOLISTIC HEALTH AND WELLBEING LLC CATHLEEN L BALFOUR 206 E. INDIANA AVENUE 102 COEUR D ALENE ID 83814 USA		CATHLEEN L BALFOUR 206 E. INDIANA AVENUE 8/24/2015 COEUR D ALENE ID 83814-8381		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	CATHLEEN L BALFOUR	206 E. INDIANA AVENUE 102	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 155397		6. Annual Report must be signed.* Signature: Cathleen L. Balfour Name (type or print): Cathleen L. Balfour		Date: 07/13/2016 Title: Owner			
Processed 07/13/2016		* Electronically provided signatures are accepted as original signatures.					