No. <b>W 139576</b>		Due no later than Jul 31, 2018	Registered Agent and Address (NO PO BOX)     EMILY POTTER			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NOURISHMINT WELLNESS LLC EMILY POTTER 3360 S. 29TH AVE BOZEMAN MT 59718	2907 W. LOIRE COEUR D ALENE ID 83815  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Com	panies: Enter Nai	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	EMILY POTT	ER 2907 W. LOIRE DR	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Emily Potter	Date: 06/20/2018			
W 139576		Name (type or print): Emily Potter	Title: Nutrition Consultant			
Processed 06/20/2018 * Electronically provided signatures are accepted as original signatures.						