

No. <b>W 148819</b>		<b>Due no later than Mar 31, 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>1. Mailing Address: Correct in this box if needed.</b>  MARY'S WELLNESS LLC 160 E VALLEY RIVER DR #2 REXBURG ID 83440		RICK BARTON 160 E VALLEY RIVER DR #2 REXBURG ID 83440			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name RICK BARTON	Street or PO Address 160 E VALLEY RIVER DR. #1		City REXBURG	State ID	Country USA	Postal Code 83440
5. Organized Under the Laws of:  <b>ID</b> <b>W 148819</b>		6. Annual Report must be signed.*  Signature: Rick Barton Name (type or print): Rick Barton  Date: 02/22/2017 Title: manager					
Processed 02/22/2017 * Electronically provided signatures are accepted as original signatures.							