No. **W 176441**	**Due no later than Jan 31, 2018**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GENESIS LONGEVITY CENTER, PLLC 951 E PLAZA DR STE 170 EAGLE ID 83616	TAMARA SIMON 280 N 8TH #301 BOISE ID 83702 3. New 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
MEMBER	TAMARA SIMON	280 N 8TH #301	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 176441**	Signature: Tamara Simon	Date: 02/08/2018
	Name (type or print): Tamara Simon	Title: Managing Member

Processed 02/08/2018

* Electronically provided signatures are accepted as original signatures.