No. <b>W 172112</b>		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		D WADE DAVIS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  AMAZING HEALTHY FORMULAS LLC D WADE DAVIS 1605 N ARTHUR AVE POCATELLO ID 83204			1605 N ARTHUR AVE POCATELLO ID 83204  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Nai	mes and Addre	sses of at least one Member or Mana	ager.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER D WADE DAVIS		AVIS	1605 N ARTHUR AVE		POCATELLO	ID	USA	83204
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: D. Wade Davis			Date: 08/09/2018			
W 172112		Name (type or print): D. Wade Davis			Title: D.C.			
Processed 08/09/2018 * Electronically provided signatures are accepted as original signatures.								