

No. W 139394		Due no later than Jun 30, 2016		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. TOTAL HEALTH, LLC LAUREL A HOLLOWAY 1225 NW 16TH ST FRUITLAND ID 83619-8365		LAUREL HOLLOWAY 1225 NW 16TH ST FRUITLAND ID 83619-8365	
				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
MEMBER	LAUREL A HOLLOWAY	3344 NW 2ND AVE.	NEW PLYMOUTH	ID	USA 83655
5. Organized Under the Laws of: ID W 139394		6. Annual Report must be signed.* Signature: Laurel Holloway Name (type or print): Laurel Holloway Date: 07/15/2016 Title: Managing Member			
Processed 07/15/2016		* Electronically provided signatures are accepted as original signatures.			