

No. <b>W 139394</b>		<b>Due no later than Jun 30, 2016</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>  TOTAL HEALTH, LLC LAUREL A HOLLOWAY 1225 NW 16TH ST FRUITLAND ID 83619-8365		LAUREL HOLLOWAY 1225 NW 16TH ST FRUITLAND ID 83619-8365			
<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 LAUREL A HOLLOWAY	Street or PO Address 3344 NW 2ND AVE.		City NEW PLYMOUTH	State ID	Country USA	Postal Code 83655
5. Organized Under the Laws of:  <b>ID</b> <b>W 139394</b>		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.							