No. W 144783		Due no later than Nov 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH END WELLNESS LLC DAVID CUMMINS 1310 W HAYS ST BOISE ID 83702		1310 W HA' BOISE ID	DAVID CUMMINS 1310 W HAYS ST BOISE ID 83702-8370 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager					
Office Held	Name	ries and ridal esse.	Street or PO Address	City	State	Country	Postal Code	
MANAGER	NAGER DAVID M CUMMINS		1310 W. HAYS ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: dav		Date	Date: 12/16/2017			
W 144783		Name (type or print): dav		Title	Title: owner			
Processed 12/16/2017 * Electronically provided signatures are accepted as original signatures.								