

No. W 89007	Due no later than Dec 31, 2014 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. C&L HEALTH PRODUCTS, LLC JASON EBERHARD 11665 W STATE ST STAR ID 83669 USA		LARRY LEACH 11665 W STATE ST STAR 83669			
			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	LARRY W LEACH	11665 W STATE ST	STAR	ID	USA	83669
5. Organized Under the Laws of: ID W 89007	6. Annual Report must be signed.* Signature: JASON EBERHARD Name (type or print): JASON EBERHARD		Date: 01/19/2015 Title: CONTROLLER			
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.				