No. W 1578		Due no later than Sep 30, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JARED C ALLEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ORCHARDS NATUROPATHIC CENTER, LLC WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404 3. New Registered Agent Signature:*						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	GARY LANE	ORCHARD	216 CLIFF		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jared W. Allen			Date: 10/15/2015			
W 1578		Name (type or print): Jared W. Allen			Title: Registered Agent			
Processed 10/15/2015 * Electronically provided signatures are accepted as original signatures.								