No. W 143412		Due no later than Oct 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CONTRACTOR OF THE PARTY	ANNETTE LEWIS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WHOLE LIFE MIDWIFERY & BIRTH CENTER LLC WHOLE LIFE MIDW 520 16TH AVE NORTH NAMPA ID 83687		NAMPA ID	520 16TH AVE NORTH NAMPA ID 83687-8368 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ANNETTE MAR		ARIE LEWIS	903 SO. COMMERCIAL AVE.	EMMETT,	ID	USA	83617	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Annette Lewis			Date: 10/05/2015			
W 143412		Name (type or print): Annette Lewis			Title: Manager			
Processed 10/05/2015 * Electronically provided signatures are accepted as original signatures.								