

No. W 124436		Due no later than Apr 30, 2014		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. KALO CLINIC STORE, LLC KIM R PEARSON 452 EAST SUNNYSIDE ROAD SANDPOINT ID 83864		KIM R PEARSON 452 EAST SUNNYSIDE ROAD SANDPOINT ID 83864	
				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
MANAGER	SARAH KALOMIROS	1197 EAST SKYLINE DRIVE	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 124436		6. Annual Report must be signed.* Signature: Kim R. Pearson Name (type or print): Kim R. Pearson Date: 04/08/2014 Title: Registered Agent			
Processed 04/08/2014		* Electronically provided signatures are accepted as original signatures.			