

No. W 124436	Due no later than Apr 30, 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	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				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SARAH KALOMIROS	Street or PO Address 1197 EAST SKYLINE DRIVE	City COEUR D'ALENE	State ID	Country USA	Postal Code 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.						