

No. W 104617	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) GENA JEFFERY 1198 N 9TH E MOUNTAIN HOME ID 83647																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ENCOMPASS HOLISTIC HEALTH, LLC 960 N 6TH E MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Gena Jeffery</td> <td>960 N 6th E</td> <td>Mountain Home</td> <td>ID</td> <td>Elmore</td> <td>83647</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Gena Jeffery	960 N 6th E	Mountain Home	ID	Elmore	83647	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 104617		6. Signature: <u>Gena Jeffery</u> Date: <u>10-15-12</u> Name (type or print): <u>Gena Jeffery</u> Title: <u>Owner</u>																																				

Issued 09/25/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM