

No. <b>W 91706</b>		<b>Due no later than Mar 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  OMNI HEALTH MEDIA LLC CHARLES H WEAVER PO BOX 724 KETCHUM ID 83340 USA		CHARLES WEAVER 491 N MAIN ST #200 KETCHUM 83340			
				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	
MEMBER	CHARLES H WEAVER	P O BOX 6333	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE W 91706</b>		Signature: Charles Weaver				Date: 01/16/2015	
		Name (type or print): Charles Weaver				Title: CPA	
Processed 01/16/2015		* Electronically provided signatures are accepted as original signatures.					