

| | | | | | | | |
|--|----------------------|--|--|--|-------------|----------------|----------------------|
| No. W 104617 | | Due no later than Jun 30, 2016 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. ENCOMPASS HOLISTIC HEALTH, LLC GENA JEFFERY 960 N 6TH E MOUNTAIN HOME ID 83647 | | GENA JEFFERY 1198 N 9TH E MOUNTAIN HOME ID 83647 | | | |
| 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 GENA JEFFERY | Street or PO Address 1198 N 9TH E | | City MOUNTAIN HOME | State ID | Country USA | Postal Code 83647 |
| 5. Organized Under the Laws of: ID W 104617 | | 6. Annual Report must be signed.* Signature: Gena Jeffery Name (type or print): Gena Jeffery Date: 07/06/2016 Title: Owner | | | | | |
| Processed 07/06/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |