

No. W 60804		Due no later than Mar 31, 2017		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO LIFE AND HEALTH, LLC BRIAN CRANDALL PO BOX 50794 IDAHO FALLS ID 83405		BRIAN CRANDALL 390 TROY AVE IDAHO FALLS ID 83402		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	BRIAN CRANDALL	390 TROY AVE	IDAHO FALLS	ID		83402	
5. Organized Under the Laws of: ID W 60804		6. Annual Report must be signed.* Signature: Brian Crandall Name (type or print): Brian Crandall Date: 05/16/2017 Title: manager					
Processed 05/16/2017		* Electronically provided signatures are accepted as original signatures.					