

No. W 140090	Due no later than Jul 31, 2015 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. HEALLY CONSULTING, LLC DAVID E HULL 479 S WINDSWEPT TRAIL POST FALLS ID 83854		EDWARD D HULL 479 S WINDSWEPT TRAIL POST FALLS ID 83854			
			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	MARGARET HULL	479 S WINDSWEPT TRAIL	** PO BOX AND PMB NO	ID	USA	83854
5. Organized Under the Laws of: ID W 140090		6. Annual Report must be signed.* Signature: David E Hull Name (type or print): David E Hull Date: 06/07/2015 Title: CEO Heally Consulting				
Processed 06/07/2015		* Electronically provided signatures are accepted as original signatures.				