

No. W 125885	Due no later than Jun 30, 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. LONLEAF WILDERNESS MEDICINE, LLC JASON LUTHY PO BOX 1616 SANDPOINT ID 83864		JASON LUTHY 327 OLIVE UNIT K SANDPOINT ID 83864			
			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	JASON CARL LUTHY	327 OLIVE ST UNIT K	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 125885		6. Annual Report must be signed.* Signature: Jason Luthy Name (type or print): Jason Luthy Date: 06/15/2017 Title: Owner				
Processed 06/15/2017		* Electronically provided signatures are accepted as original signatures.				