No. **W 55160**	**Due no later than Oct 31, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SOLACE NATURAL MEDICINE, PLLC BRANETTE B SOLACE PO BOX 129 MCCALL ID 83638-0129	BRANETTE BEAN SOLACE 301 COLORADO STREET MCCALL ID 83638-0129 3. New 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	BRANETTE B SOLACE	PO BOX 129 301 COLORADO ST	MCCALL	ID		83638
MANAGER	JONAS E BEAN	PO BOX 129 301 COLORADO ST	MCCALL	ID		83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 55160**	Signature: Branette Solace	Date: 09/22/2016
	Name (type or print): Branette Solace	Title: Manager

Processed 09/22/2016

* Electronically provided signatures are accepted as original signatures.