

No. W 4687		Due no later than Sep 30, 2014		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. HEALTH ESSENTIALS, LLC NANCY ARCHIBALD 635 TYSON AVE IDAHO FALLS ID 83401		NANCY ARCHIBALD 635 TYSON AVE IDAHO FALLS 83401		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	NANCY ARCHIBALD	635 TYSON AVE	IDAHO FALLS	ID		83401	
5. Organized Under the Laws of: ID W 4687		6. Annual Report must be signed.* Signature: Nancy Archibald Name (type or print): Nancy Archibald		Date: 10/10/2014 Title: Manager			
Processed 10/10/2014		* Electronically provided signatures are accepted as original signatures.					