

No. W 168310		Due no later than Jun 30, 2017		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. LTF TRUE HEALTH, LLC 6104 GARY LN BOISE ID 83714		CATRINE MCGREGOR 6104 GARY LN BOISE ID 83714			
				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	LARRY LEACH	11505 W LANKTREE GULCH	STAR	ID	USA	83669	
5. Organized Under the Laws of: ID W 168310		6. Annual Report must be signed.* Signature: Larry Leach Name (type or print): Larry Leach Date: 07/14/2017 Title: Managing Member					
Processed 07/14/2017		* Electronically provided signatures are accepted as original signatures.					