

No. W 116641		Due no later than Aug 31, 2014		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. HESTIA HEALTH LLC ANGELA LEVESQUE 5174 S FARMHOUSE PL BOISE ID 83716-9013		ANGELA LEVESQUE 5174 S FARMHOUSE PL BOISE ID 83716-9013			
				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	ANGELA ROCHELLE LEVESQUE	5174 S FARMHOUSE PL	BOISE	ID	USA	83716-9013	
5. Organized Under the Laws of: ID W 116641		6. Annual Report must be signed.* Signature: Angela Levesque Name (type or print): Angela Levesque					
		Date: 07/18/2014 Title: Manager					
Processed 07/18/2014		* Electronically provided signatures are accepted as original signatures.					