

No. W 168716		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. BLUE MOON APOTHECARY, LLC. BLUE MOON APOTHECARY 1421 1ST ST IDAHO FALLS ID 83401 USA		KARIE ANN JONAK 250 11TH ST IDAHO FALLS ID 83404			
				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	KARIE ANN JONAK	1421 1ST ST	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 168716		6. Annual Report must be signed.* Signature: Karie Ann Jonak Name (type or print): Karie Ann Jonak Date: 06/01/2017 Title: Owner					
Processed 06/01/2017		* Electronically provided signatures are accepted as original signatures.					