No. <b>W 92619</b>		Due no later than Apr 30, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BOISE HOLISTIC LLC JAMES MOISON 3604 MOUNTAIN VIEW DR BOISE ID 83704		3604 MOUN BOISE ID	JAMES MOISON 3604 MOUNTAIN VIEW DR BOISE ID 83704  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of	at least one Member or Manager					
Office Held	Name	ries and Addresses of	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER JAMES G MOISON		3604 MOUNTAIN VIEW DR	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 92619		Signature: James		Date: 02/16/2014				
		Name (type or pri		Title: Manager				
Processed 02/16/2014 * Electronically provided signatures are accepted as original signatures.								