No. **W 108282**	**Due no later than Nov 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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** PREVENTATIVE HEALTH SERVICES, LLC DANIELLE BENNION 531 S. FITNESS PL. STE 100 EAGLE ID 83616 USA	DANIELLE BENNION 531 S. FITNESS PL. STE 100 EAGLE ID 83616 3. New 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	DANIELLE B BENNION	531 S. FITNESS PL. STE 100	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 108282**	Signature: Danielle Bennion	Date: 09/19/2017
	Name (type or print): Danielle Bennion	Title: Manager

Processed 09/19/2017

* Electronically provided signatures are accepted as original signatures.