No. <b>W 136280</b>	Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		SHANNON WELLS FEMENIA 4695 W FARM VIEW RD BOISE ID 83714  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. YOGA IN THE HOOD LLC SHANNON WELLS FEMENIA 514 N. 16TH ST. BOISE ID 83702					
NO FILING FEE IF RECEIVED BY DUE DATE						
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 SHANNON WELLS FEMENIA 514 N		514 N 16TH ST	BOISE	ID	USA	83702
5. Organized Under the Laws of:	Under the Laws of: 6. Annual Report must be signed.*					
ID	Signature: Shannor	Date: 02/27/2018				
W 136280 Name (type or print):		t): Shannon Femenia	Title: owner			
Processed 02/27/2018	* Electronically provided signatures are accepted as original signatures.					