

No. W 152915		Due no later than Jun 30, 2016		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		A'CHANNA KICHIWA VALLE 1403 S HERVEY ST BOISE ID 83705			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		FOX MOON RISING HEALING CENTER LLC A'CHANNA KICHIWA VALLE 1403 S HERVEY ST BOISE ID 83705					
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	A'CHANNA KICHIWA VALLE	1403 S. HERVEY ST.	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 152915		Signature: A'Channa Kichiwa Valle				Date: 05/16/2016	
		Name (type or print): A'Channa Kichiwa Valle				Title: Manager	
Processed 05/16/2016		* Electronically provided signatures are accepted as original signatures.					