

No. W 104637	Due no later than Jun 30, 2018 Annual Report Form		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. VITALITY HEALTH CENTERS LLC RANDI KIRCHOFNER 960 AUSTIN AVE IDAHO FALLS ID 83404 USA		RANDI N KIRCHOFNER 960 AUSTIN AVE 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
MEMBER	TERRI KIRCHOFNER	960 AUSTIN AVE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 104637	6. Annual Report must be signed.* Signature: Terri Kirchofner Name (type or print): Terri Kirchofner		Date: 05/02/2018 Title: Partner/Owner			
Processed 05/02/2018		* Electronically provided signatures are accepted as original signatures.				