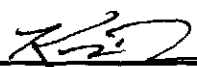


No. <b>W 132844</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/02/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KEVIN A.E. LAWHORN 10115 W SMOKE RANCH RD APT 306 BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HEALTH 1 LOGISTICS LLC KEVIN LAWHORN 10529 W OVERLAND RD BOISE ID 83709		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Kevin A.E. Lawhorn      10041 W. Lillywood      Boise ID      USA      83709			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Devin P. Love      5945 S. Winthrop way      Boise ID      USA      83709			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 132844           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print):  <u>Kevin A.E. Lawhorn</u> </div> <div style="width: 35%;">           Date:  <u>May 10, 2017</u>            Title:  <u>President</u> </div> </div>	