

No. W 99173	Due no later than Dec 31, 2013 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. MALEKI HOLISTIC HEALTH L.L.C. 1416 W WASHINGTON ST BOISE ID 83702		SORAYA MALEKI 1416 W WASHINGTON ST BOISE ID 83702			
			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	SORAYA MALEKI	1416 W. WASHINGTON ST	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 99173		6. Annual Report must be signed.* Signature: Soraya Maleki Name (type or print): Soraya Maleki Date: 12/16/2013 Title: Owner				
Processed 12/16/2013		* Electronically provided signatures are accepted as original signatures.				