No. **W 116641**	**Due no later than Aug 31, 2015** **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.** HESTIA HEALTH LLC ANGELA LEVESQUE 2790 S HONEYCOMB WAY BOISE ID 83716-5811 USA	ANGELA LEVESQUE 2790 S HONEYCOMB WAY BOISE ID 83716-5811 3. New 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
MANAGER	ANGELA ROCHELLE LEVESQUE	2790 S HONEYCOMB WAY	BOISE	ID	USA	83716-5811

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 116641**	Signature: Angela Levesque Name (type or print): Angela Levesque	Date: 09/14/2015 Title: Manager

Processed 09/14/2015

* Electronically provided signatures are accepted as original signatures.