No. <b>W 140797</b>		Due no later than Aug 31, 2016	2. Registered Agent and Address (NO PO BOX)  JASON WEST 245 LAUREL LANE CHUBBUCK ID 83202  3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  POWERFUL HEALTH SOLUTIONS LLC  JASON WEST  245 LAUREL LANE  CHUBBUCK ID 83202				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Co	mpanies: Enter Nai	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JASON WES	T 245 LAUREL LANE	CHUBBUCK	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: jason west	Date: 07/17/2016			
W 140797		Name (type or print): jason west	Title: member			
Processed 07/17/2016 * Electronically provided signatures are accepted as original signatures.						