

No. W 140797	Due no later than Aug 31, 2016 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. POWERFUL HEALTH SOLUTIONS LLC JASON WEST 245 LAUREL LANE CHUBBUCK ID 83202		JASON WEST 245 LAUREL LANE CHUBBUCK ID 83202			
			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	JASON WEST	245 LAUREL LANE	CHUBBUCK	ID	USA	83201
5. Organized Under the Laws of: ID W 140797	6. Annual Report must be signed.* Signature: jason west Name (type or print): jason west		Date: 07/17/2016 Title: member			
Processed 07/17/2016		* Electronically provided signatures are accepted as original signatures.				