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| No. W 94500 | Due no later than Jun 30, 2017 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. | | MOLLY O'LEARY 515 N 27TH ST BOISE ID 83702-8371 | | | |
| | RIVER TIME YOGA, LLC MARLENE GAST 1594 S. RIVERSTONE LN. #104 BOISE ID 83706-4071 USA | | 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 |
| MANAGER | MARLENE GAST | 1594 S. RIVERSTONE LN. #104 | BOISE | ID | USA | 83706 |
| 5. Organized Under the Laws of: ID W 94500 | | 6. Annual Report must be signed.* Signature: Markene Gast Name (type or print): Markene Gast Date: 05/29/2017 Title: Manager | | | | |
| Processed 05/29/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |