	_	FILED EFFECT
No. W 132844	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015	2. Registered Agent and Office (NOT A P.O. BOX) KEVIN A.E. LAWHORN 915-N FAIRMEADOW DRIVE BOISE ID 83704 SANKERALCH 1011S W. Archiver Ro PASIG 1301Se, 10 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HEALTH 1 LOGISTICS LLC KEVIN LAWHORN PO BOX 638 MCCALL ID 83638	
REINSTATEMENT FEE DUE: \$30,00	Boise, 10 83709	3. New Registered Agent Signature.
Manager or Member Manager Member Ke	y Companies: Enter Names and Addresses of Manag Name Street or PO Address Ci UNA Lawhorn 10115 W. adeel Smoke Ranch APIBIG VON LOUG 5945 Winthrop Baise	ity State Country Postal Code Buse 10 WA 8までは
Manager Member	•	
Manager Member		
5. Organized Under the La	aws of: 6. Signature: 7	Date: 06 15 2015

Kevin Lawhorn

Name (type or print):

IDAHO

W 132844

Issued 06/11/2015 by TLB