





## **STATE OF IDAHO**Office of the secretary of state, Phil McGrane

ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005795301

Date Filed: 7/3/2024 5:39:09 AM

| Entity Name and Mailing Address:   |                               |                                   |   |
|--|-------------------------------|-----------------------------------|---|
| Entity Name:   |                               | Rocky Mountain Mens Health LLC    |   |
| The file number of this entity on th<br>Secretary of State is:   | e records of the Idaho        | 0004351236                        |   |
| Address  |                               | SCOTT R. BARLOW                   |   |
|  |                               | 476 E CHUBBUCK RD                 |   |
|  |                               | CHUBBUCK, ID 83202-1816           |   |
| Entity Details:  |                               |                                   |   |
| Entity Status  |                               | Active-Existing                   |   |
| This entity is organized under the   | laws of:                      | IDAHO                             |   |
| If applicable, the old file number of the Idaho Secretary of State was:  | f this entity on the reco     | ords of                           |   |
| The registered agent on record is:   |                               |                                   |   |
| Registered Agent   |                               | Scott R Barlow                    |   |
|  |                               | Registered Agent                  |   |
|  |                               | Physical Address                  |   |
|  |                               | 2162 LEGACY DRIVE                 |   |
|  |                               | POCATELLO, ID 83201               |   |
|  |                               | Mailing Address 476 E CHUBBUCK RD |   |
|  |                               | SCOTT R. BARLOW                   |   |
|  |                               | CHUBBUCK, ID 83202-1816           |   |
| Agent or Address Change  |                               |                                   | _ |
| Select if you are appointing a   | new agent                     |                                   |   |
| Gelect if you are appointing a   | new agent.                    |                                   |   |
| Limited Liability Company Managers and Me  | mbers                         |                                   |   |
| Name   | Title                         | Business Address                  |   |
| Scott R Barlow   | Manager                       | SCOTT R. BARLOW                   | 1 |
|  |                               | 476 E CHUBBUCK RD                 |   |
|  |                               | CHUBBUCK, ID 83202-1816           |   |
|  |                               |                                   |   |
| The annual report must be signed by an auth  | norized signer of the entity. |                                   |   |
| Job Title: Owner   |                               |                                   |   |
|  |                               |                                   |   |
| Scott R Barlow   |                               | 07/03/2024                        |   |
| Sign Here  |                               |                                   |   |
| CONTRACTOR OF THE CONTRACTOR O |                               | Date                              |   |