

No. <b>W 177903</b>		<b>Due no later than Feb 28, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE WOMEN'S WELLNESS LLC MARCI MILLER 225 E HENLEY ST MOSCOW ID 83843		MARCI MILLER 225 E HENLEY ST MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MARCI ANN MILLER	Street or PO Address 22		City MOSCOW	State ID	Country USA	Postal Code 83843
5. Organized Under the Laws of:  <b>ID</b> <b>W 177903</b>		6. Annual Report must be signed.*  Signature: Marci Miller Name (type or print): Marci Miller  Date: 01/11/2018 Title: Manager					
Processed 01/11/2018      * Electronically provided signatures are accepted as original signatures.							