No. W 168885 Return to:	Due no later than Jul 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX) KAELA HAYCRAFT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	K.M. HAYCRAFT, LLC KAELA HAYCRAFT 250 NORTHWEST BL	VD SUITE 107A	250 NORTHWEST BLVD STE 107A COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE	COEUR D ALENE ID 83814 USA		3. New 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 KAELA ASF WELLNESS	PIRE COUNSELING &	250 NORTHWEST BLVD SUITE 107A	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID Signature: Kaela Haycraft		ycraft	Date: 07/30/2018			
W 168885 Name (type or p		nt): Kaela Haycraft Title: Owner				
Processed 07/30/2018	* Electronically provided signatures are accepted as original signatures.					