

No. W 180737		Due no later than Apr 30, 2018		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. MOUNTAIN FAMILY WELLNESS, LLC PAUL SCHMILLEN 215 KURT LANE CALDWELL ID 83605		PAUL SCHMILLEN 215 KURT LANE CALDWELL ID 83605			
				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	PAUL M SCHMILLEN	215 KURT LANE	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of: ID W 180737		6. Annual Report must be signed.* Signature: Paul Schmillen Name (type or print): Paul Schmillen Date: 04/03/2018 Title: Owner					
Processed 04/03/2018		* Electronically provided signatures are accepted as original signatures.					