

No. W 68827		Due no later than Nov 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LIFE WELLNESS CENTER LLC KIM MOORE 2931 PARKE CIRCLE DR BOISE ID 83705-2358 USA		ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE 83814	
				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	KIM MOORE	801 WEST MAIN ST STE 100	BOISE	ID	83702
5. Organized Under the Laws of: ID W 68827		6. Annual Report must be signed.* Signature: Kim Moore Name (type or print): Kim Moore Date: 01/19/2015 Title: Manager			
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.			