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|---|-----------------|---|-------|---|---------|-------------|--|
| No. W 145926 | | Due no later than Dec 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ZEST FOR LIFE, LLC KRISTA DEACON 12389 W BOWMONT STREET BOISE ID 83713 | | KRISTA DEACON 12389 W BOWMONT STREET BOISE ID 83713 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | |
| MEMBER | KRISTA L DEACON | 12389 W BOWMONT STREET | BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: ID W 145926 | | 6. Annual Report must be signed.* Signature: Krista Deacon Name (type or print): Krista Deacon Date: 10/30/2017 Title: Member | | | | | |
| Processed 10/30/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |