| No. <b>W 42361</b>  | Due no later than Aug 31, 2018  | 2. Registered          | 2. Registered Agent and Address (NO PO BOX)  |         |                |  |
|---|---|------------------------|--|---------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALING DHARMA L.L.C. RYAN M REDMAN 210 W COTTONWOOD ST HAILEY ID 83333 | 210 W COT<br>HAILEY ID | RYAN REDMAN 210 W COTTONWOOD ST HAILEY ID 83333  3. New Registered Agent Signature:* |         |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE   | Names and Addresses of at least one Member or Manager.  |                        |  |         |                |  |
| Office Held Name  | Street or PO Address  | City                   | State  | Country | Postal Code    |  |
| MEMBER RYAN RI<br>MEMBER PAIGE R  | EDMAN 210 W COTTONWOOD ST   | HAILEY<br>HAILEY       | ID<br>ID   | USA     | 83333<br>83333 |  |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*   |                        |  |         |                |  |
| ID  | Signature: Paige Redman   |                        | Date: 06/18/2018   |         |                |  |
| W 42361   | Name (type or print): Paige Redman  |                        | Title: Member  |         |                |  |
| Processed 06/18/2018  | * Electronically provided signatures are accepted as original signatures.   |                        |  |         |                |  |