

No. <b>W 101345</b>		<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GMA HONEYS HEALING SALVE LLC ALLIE M HILLMAN PO BOX 2933 HAILEY ID 83333		LACEY HILLMAN 218 4TH ST HAILEY ID 83333			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	LACEY J HILLMAN	PO BOX 2933	HAILEY	ID	USA	83333	
MANAGER	ALLIE M HILLMAN	PO BOX 2933	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:  <b>ID</b> <b>W 101345</b>		6. Annual Report must be signed.*  Signature: Lacey Hillman Name (type or print): Lacey Hillman					
		Date: 01/29/2018 Title: Manager					
Processed 01/29/2018		* Electronically provided signatures are accepted as original signatures.					