No. <b>W 103497</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WHOLE LIFE UNLIMITED LLC.  507 S FITNESS PL #100  EAGLE ID 83616		2.	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					NATHAN COONEY 507 S FITNESS PL #100 EAGLE ID 83616  3. New 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 NATHAN CO		OONEY	507 S FITNESS PL #100		EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  ID  W 103497		6. Annual Report must be signed.* Signature: Nathan Cooney Name (type or print): Nathan Cooney			Date: 03/15/2013 Title: Member				
Processed 03/15/2013		* Electronically provide	Electronically provided signatures are accepted as original signatures.						