No. **W 58687**	**Due no later than Jan 31, 2018** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TWIN FALLS INSTITUTE OF HOLISTIC STUDIES LLC SUE V. PHILLIPS 3999 HIGHWAY 93 FILER ID 83328 USA	SUE V PHILLIPS 3999 HWY 93 FILER ID 83328 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	JIMMIE E PHILLIPS	3999 HWY 93	FILER	ID	USA	83328
MEMBER	SUE V PHILLIPS	3999 HWY 93	FILER	ID	USA	83328

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58687**	Signature: Sue V. Phillips	Date: 01/30/2018
	Name (type or print): Sue V. Phillips	Title: Owner/Agent

Processed 01/30/2018

* Electronically provided signatures are accepted as original signatures.