No. <b>W 160795</b>		Due no later than Jan 31, 2017		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.  SRH WELLNESS, LLC SHARON R HAMMER 1048 N TORREY PINES AVE EAGLE ID 83616		1048 N TOF	SHARON R HAMMER 1048 N TORREY PINES AVE EAGLE ID 83616			
					3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SHARON R.	HAMMER	1048 N. TORREY PINES AVE.	EAGLE	ID	USA	83616-5377	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sh		Date: 12/27/2016				
W 160795		Name (type o		Title: Member				
Processed 12/27/2016 * Electronically provided signatures are accepted as original signatures.								