

No. <b>W 139394</b>		<b>Due no later than Jun 30, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> TOTAL HEALTH, LLC LAUREL A HOLLOWAY 1225 NW 16TH ST FRUITLAND ID 83619 USA		LAUREL HOLLOWAY 1225 NW 16TH ST FRUITLAND ID 83619-8365	
				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
MEMBER	LAUREL A HOLLOWAY	3344 NW 2ND AVE.	NEW PLYMOUTH	ID	USA 83655
5. Organized Under the Laws of:  <b>ID W 139394</b>		6. Annual Report must be signed.* Signature: Laurel Holloway Date: 07/13/2015 Name (type or print): Laurel Holloway Title: Managing Member			
Processed 07/13/2015		* Electronically provided signatures are accepted as original signatures.			