

No. <b>W 65775</b>	<b>Due no later than Aug 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> AWAKENINGS ACUPUNCTURE & HERBAL CLINIC, LLC JEANETTE K MORRIS 9751 N GOVERNMENT WAY STE 1 1 HAYDEN ID 83835		JEANETTE K MORRIS 31560 N. HAYDEN DR SPIRIT LAKE ID 83869			
			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	JEANETTE K MORRIS	P.O.BOX 999	ATHOL	ID	USA	83801
5. Organized Under the Laws of:  <b>ID W 65775</b>	6. Annual Report must be signed.* Signature: Jeanette Morris Name (type or print): Jeanette Morris		Date: 08/28/2018 Title: Manager			
Processed 08/28/2018		* Electronically provided signatures are accepted as original signatures.				