







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 332-2811 Filing Fee: \$0.00

| Entity Name and Mailing Address: HESTIA HEALTH LLC  |                |  |  |
|---|----------------|--|--|
| The file number of this entity on the records of the Idaho Secret of State is:  | ary 0000358555 | 0000358555                                   |  |
| Address   |                | 2790 S HONEYCOMB WAY<br>BOISE, ID 83716-5811 |  |
| Entity Details:   |                |  |  |
| Entity Status   | Active - Exis  | Active - Existing                            |  |
| This entity is organized under the laws of:   | IDAHO          | IDAHO  |  |
| The file number of this entity on the records of the Idaho Secret of State is:  | ary 0000358555 | 0000358555                                   |  |
| If applicable, the old file number of this entity on the records of Idaho Secretary of State was:   | the W116641    | W116641                                      |  |
| Registered Agent Name and Address   |                |  |  |
| Current Registered Agent  |                | ANGELA LEVESQUE Registered Agent             |  |
|   | •              |  |  |
|   | Physical Addre |  |  |
|   | BOISE, ID 8    | IEYCOMB WAY<br>3716                          |  |
|   | -              | Mailing Address                              |  |
| Check here if the registered agent needs to be changed  |                |  |  |
| If the agent is an individual, do not put the individual's name on the attention line (then it will show in the address block twice).                                     |                |  |  |
| The attention line is used for organizations <i>if</i> they wish to specific a particular individual within the organization to whose attention documents should be sent. |                |  |  |
| Limited Liability Company Managers and Members  |                |  |  |
| Name of individual or organization  | Title          | Address                                      |  |
| ANGELA ROCHELLE LEVESQUE  | Manager        | 2790 S HONEYCOMB WAY<br>BOISE, ID 83716      |  |
| T   |                |  |  |
| The annual report must be signed by an authorized signer of the entity.   |                |  |  |
| Angela Levesque   | 10/16/2018     |  |  |
| Sign Here   |                | Date   |  |
| Signer's Capacity Angela Levesque   |                |  |  |