

No. W 65302		Due no later than Aug 31, 2014 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		1. Mailing Address: Correct in this box if needed. PREMIER LIFE WELLNESS, LLC DR LORI GUMPER OR 480 BLUE LAKES BLVD TWIN FALLS ID 83301 USA		DR LORI GUMPER 480 BLUE LAKES BLVD TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	DR LORI GUMPER DC	480 BLUE LAKES BLVD	TWIN FALLS	ID	USA	83301	
MANAGER	REX MILO WALL	480 BLUE LAKES BLVD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 65302		6. Annual Report must be signed.* Signature: Rex M Wall Name (type or print): Rex M Wall					
		Date: 06/17/2014 Title: Manger					
Processed 06/17/2014		* Electronically provided signatures are accepted as original signatures.					