No. W 133133		Due no later than Jan 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 000000000 00000000000000000000000000	NICHELLE SCOGGIN-LABRUM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BLUE FEATHER HEALING ARTS LLC NICHELLE SCOGGIN-LABRUM 1080 HOWARD AVE		90-00-00 Mile 200-00-00 Mile 20 Miles	1080 HOWARD AVE POCATELLO ID 83201			
		POCATELLO ID 83201		3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Cor	mpanies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	NICHELLE L	SCOGGIN-LABRUM	1080 HOWARD. AVE.	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nichelle		Date: 11/29/2015				
W 133133		Name (type or prin		Title: Owner				
Processed 11/29/2015	5	* Electronically provide	ed signatures are accepted as origina	al signatures.			_	