No. **W 155017**	**Due no later than Aug 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** QWELLNESS LLC 518 SEASONS CT NAMPA ID 83686	THAD CHANDLER 518 SEASONS CT NAMPA ID 83686-7600 3. New 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	ANNE BAILEY	2007 W. SILVER CREEK DRIVE	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
WY **W 155017**	Signature: Anne M. Bailey	Date: 06/30/2016
	Name (type or print): Anne M. Bailey	Title: Mgr

Processed 06/30/2016

* Electronically provided signatures are accepted as original signatures.