

No. W 135839	Due no later than Mar 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.		UNITED STATES CORPORATION AGEN 7150 HILLTOP WAY BOISE ID 83709			
	HARMONY HEALTH, LLC KARLA HARMON 9161 W BLACK EAGLE DR BOISE ID 83709		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	KARLA HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709-1572
5. Organized Under the Laws of: ID W 135839		6. Annual Report must be signed.* Signature: Karla Harmon Name (type or print): Karla Harmon Date: 02/18/2016 Title: Manager				
Processed 02/18/2016		* Electronically provided signatures are accepted as original signatures.				