

|  |   |  |   |                                |         |             |
|--|---|--|---|--------------------------------|---------|-------------|
| No. <b>W 169883</b>  | <b>Due no later than Aug 31, 2017</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                                |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>A HEALER'S ART, LLC<br>ALLIED FINANCIAL SERVICES<br>PO BOX 674<br>REXBURG ID 83440 |  | MARLISA J BATES<br>343 E 4TH N STE 238<br>REXBURG ID 83440-8344 |                                |         |             |
|  |   |  | 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 |
| MEMBER   | MARLISA J BATES   | 343 E 4TH NORTH  | REXBURG   | ID                             | USA     | 83440       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 169883</b>  |   | 6. Annual Report must be signed.*<br>Signature: Kirby Forbush<br>Name (type or print): Kirby Forbush |   | Date: 10/03/2017<br>Title: CPA |         |             |
| Processed 10/03/2017   |   | * Electronically provided signatures are accepted as original signatures.                            |   |                                |         |             |