

No. W 144783	Due no later than Nov 30, 2015 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. NORTH END WELLNESS LLC DAVID CUMMINS 1310 W HAYS ST BOISE ID 83702	DAVID CUMMINS 1310 W HAYS ST BOISE ID 83702-8370	
		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	DAVID M CUMMINS	1310 W. HAYS ST.	BOISE ID USA 83702
5. Organized Under the Laws of: ID W 144783	6. Annual Report must be signed.* Signature: David Cummins Name (type or print): David Cummins		Date: 09/18/2015 Title: Owner
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.	