No. C 201158		Due no later than Feb 28, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. WHOLE BODY HEALTH GROUP, INC AMANDA OLSEN 766 N GREY PEBBLE WAY EAGLE ID 83616		_	AMANDA OLSEN 766 N GREY PEBBLE WAY EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILIN RECEIVED BY 4. Corporations: Enter	DUE DATE	iness Addresse	es of President, Secretary, and Directors. Trea	asurer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	AMANDA (DLSEN	766 N GREY PEBBLE WAY		EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 201158		Signature: Amanda Olsen			Date: 01/29/2018			
		Name (type or print): Amanda Olsen			Title: President			
Processed 01/29/201	.8	* Electronica	ally provided signatures are accepted as origin	nal signa	tures.			