No. W 114179		Due no later than May 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DANIELLE BENNION			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PREVENTIVE HEALTH, LLC DANIELLE BENNION 1243 E. IRON EAGLE DR. STE. 130F EAGLE ID 83616		EAGLE ID	1243 E. IRON EAGLE DR. EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DANIELLE BENNION		ENNION	1243 E. IRON EAGLE DR.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Da		Date: 03/30/2016				
W 114179		Name (type o		Title: Member				
Processed 03/30/2016 * Electronically provided signatures are accepted as original signatures.								