No. **W 182550**	**Due no later than May 31, 2018** **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.** REBALANCE HEALING LLC SALLY SHAW 1354 S GREENSFERRY RD COEUR D ALENE ID 83814	SALLY SHAW 1354 S GREENSFERRY RD COEUR D ALENE ID 83814-8381 3. New 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	SALLY SHAW	1354 S. GREENSFERRY RD	COEUR D' ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 182550**	Signature: Sally Shaw	Date: 03/22/2018
	Name (type or print): Sally Shaw	Title: Owner

Processed 03/22/2018

* Electronically provided signatures are accepted as original signatures.