

| | | | | | | | |
|--|------------|---|--------|--|---------|------------------|--|
| No. W 188757 | | Due no later than Sep 30, 2018 | | 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. GUT WELLNESS LLC MARIO BRUS 2037 HORSESHOE DR EMMETT ID 83617 | | MARIO BRUS 2037 HORSESHOE DR EMMETT ID 83617 | | | |
| | | | | 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 | MARIO BRUS | 2037 HORSESHOE DR | EMMETT | ID | USA | 83617 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 188757 | | Signature: Mario Brus, MD | | | | Date: 08/01/2018 | |
| | | Name (type or print): Mario Brus, MD | | | | Title: owner | |
| Processed 08/01/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |