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| No. W 106539 | Due no later than Sep 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 | 1. Mailing Address: Correct in this box if needed. LOVE HEALTHY ME LLC SARAH BRETT 356 MOUNT SMITH ESTATES COCOLALLA ID 83813 | | SARAH BRETT 356 MOUNT SMITH ESTATES COCOLALLA ID 83813 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name SARAH BRETT | Street or PO Address 356 MT SMITH ESTATES | City COCOLALLA | State ID | Country USA | Postal Code 83813 | |
| 5. Organized Under the Laws of: ID W 106539 | 6. Annual Report must be signed.* Signature: Sarah Brett Name (type or print): Sarah Brett | | | | | | Date: 08/07/2015 Title: Manager |
| Processed 08/07/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | |