

No. W 101345		Due no later than Mar 31, 2017 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. GMA HONEYS HEALING SALVE LLC ALLIE M HILLMAN PO BOX 2933 HAILEY ID 83333		LACEY HILLMAN 218 4TH ST HAILEY ID 83333			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	LACEY J HILLMAN	PO BOX 2933	HAILEY	ID	USA	83333	
MANAGER	ALLIE M HILLMAN	PO BOX 2933	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: ID W 101345		6. Annual Report must be signed.* Signature: Lacey Hillman Name (type or print): Lacey Hillman					
		Date: 03/22/2017 Title: Manager					
Processed 03/22/2017 * Electronically provided signatures are accepted as original signatures.							