

No. <b>W 101345</b>		<b>Due no later than Mar 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		LACEY HILLMAN 218 4TH ST HAILEY ID 83333			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		GMA HONEYS HEALING SALVE LLC ALLIE M HILLMAN PO BOX 2933 HAILEY ID 83333					
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:		6. Annual Report must be signed.*					
<b>ID W 101345</b>		Signature: Lacey Hillman			Date: 03/22/2017		
		Name (type or print): Lacey Hillman			Title: Manager		
Processed 03/22/2017		* Electronically provided signatures are accepted as original signatures.					