

No. W 28793		Due no later than Feb 28, 2013 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. ROCKY MOUNTAIN HEALTH AND WELLNESS LLC CYNTHIA R CULP 951 E PLAZA DR STE 110 EAGLE ID 83616		CYNTHIA R CULP 951 E PLAZA DR STE 110 EAGLE ID 83616			
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 MEMBER	Name CYNTHIA R CULP	Street or PO Address 1199 N MACAILE WAY		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 28793		6. Annual Report must be signed.* Signature: Cynthia R Culp Name (type or print): Cynthia R Culp Date: 01/23/2013 Title: Member					
Processed 01/23/2013 * Electronically provided signatures are accepted as original signatures.							