

No. W 130138		Due no later than Oct 31, 2015		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		Annual Report Form		PAULA WHEELER 312 E POPLIN ST KUNA ID 83634-8363			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		COMPLETE WELLNESS L.L.C. PAULA Wheeler 312 E POPLIN ST KUNA ID 83634					
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	PAULA J WHEELER	312 E POPLIN ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 130138		Signature: PjWheeler			Date: 11/11/2015		
		Name (type or print): PjWheeler			Title: manager		
Processed 11/11/2015		* Electronically provided signatures are accepted as original signatures.					