

No. W 188548		Due no later than Sep 30, 2018		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		1. Mailing Address: Correct in this box if needed. WELLSPRING OPTIMAL HEALTH, LLC TRILBY WEDLER 55 YALE STREET POCATELLO ID 83201		TRILBY WEDLER 55 YALE STREET POCATELLO ID 83201			
				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	
MEMBER	TRILBY WEDLER	55 YALE ST	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 188548		Signature: Trilby Wedler				Date: 09/21/2018	
		Name (type or print): Trilby Wedler				Title: NP-C	
Processed 09/21/2018		* Electronically provided signatures are accepted as original signatures.					