No. <b>W 144747</b>		Due no later than Nov 30, 2017		2. Registered A	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  T2 APOTHECARY, LLC 615 FILER AVE TWIN FALLS ID 83301		615 FILER AV TWIN FALLS	THOMAS G WADSWORTH 615 FILER AVE TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter Nar		mes and Addresses o	of at least one Member or Manager.					
200 80 9	Name	nes and made esses t	Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS G	WADSWORTH	21323 WHITE WATER CIRCLE	EAGLE RIVER	AK	USA	99577	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thom		Date: 10/11/2017				
W 144747		Name (type or p		Title: Member				
Processed 10/11/2017 * Electronically provided signatures are accepted as original signatures.								