No. W 31023		Due no later than Jun 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. RESTORATIVE WOMEN'S WELLNESS, LLC CHARITY BERRIER 2506 N CHATTERTON AVE		2525 N ST	CHARITY TUCKER 2525 N STOKESBERRY PL STE A MERIDIAN ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN ID		3. <u>New</u> Regis	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	mes and Addresse	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHARITY K	BERRIER	2506 N CHATTERTON AVE	MERIDIAN	ID		83646	
5. Organized Under the Laws of: ID W 31023		6. Annual Report must be signed.* Signature: Charity Berrier Name (type or print): Charity Berrier			Date: 05/02/2017 Title: owner			
Processed 05/02/2017		* Electronically provided signatures are accepted as original signatures.						