

|  |                         |   |       |   |         |             |  |
|--|-------------------------|---|-------|---|---------|-------------|--|
| No. <b>W 33418</b>   |                         | <b>Due no later than Sep 30, 2015</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                         | <b>1. Mailing Address: Correct in this box if needed.</b><br>INTERNATIONAL INSTITUTE OF NATURAL WELLNESS<br>EDUCATION, LLC<br>10466 W. RILEY CT<br>BOISE ID 83709 |       | MATTHEW HOLLIST<br>10466 W. RILEY CT.<br>BOISE ID 83709 |         |             |  |
|  |                         |   |       | 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   | DEONNA MARIE HOLLIST    | 10466 W RILEY CT  | BOISE | ID  |         | 83709       |  |
| MEMBER   | MATTHEW TALMAGE HOLLIST | 10466 W. RILEY CT.  | BOISE | ID  | USA     | 83709       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33418</b>   |                         | 6. Annual Report must be signed.*<br>Signature: Deonna Hollist<br>Name (type or print): Deonna Hollist<br>Date: 09/23/2015<br>Title: Co-owner - bus mgr           |       |   |         |             |  |
| Processed 09/23/2015   |                         | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |  |