No. <b>W 127962</b>		Due no later than Aug 31, 2017		2	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.  ROOT HEALTH, LLC  KAMERON SCHOTT  PO BOX 9977  MOSCOW ID 83843		_	KAMERON SCHOTT 414 S JEFFERSON ST MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	KAMERON SCHOTT		PO BOX 9977		MOSCOW	ID	USA	83843
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kameron Schott			Date: 07/03/2017			
W 127962		Name (type or print): Kameron Schott			Title: Owner			
Processed 07/03/2017 * Electronically provided signatures are accepted as original signatures.								