No. <b>W 154579</b> Return to:		Due no later than Aug 31, 2017 Annual Report Form			Registered Agent and Address (NO PO BOX)     KITTRICK KAUFFMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  YOGA4YOU LLC KITTRICK KAUFFMAN 532 MAIN ST SALMON ID 83467		SALMON ID	11 TENDOY RD SALMON ID 83467-8346  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	iies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KITTRICK M	KAUFFMAN	11 TENDOY ROAD	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kit trick kauffman			Date: 10/31/2017			
W 154579		Name (type or		Title: Manager				
Processed 10/31/2017	* Electronically provided signatures are accepted as original signatures.							