

No. <b>W 167406</b>		<b>Due no later than Jun 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JON DAVID BICE 2830 OLD OREGON RD SODA SPRINGS ID 83276			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		WILLOW RIVER HEALING LLC MELANIE FARR BICE 2830 OLD OREGON RD SODA SPRINGS ID 83276					
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	MELANIE FARR BICE	2830 OLD OREGON ROAD	SODA SPRINGS	ID	USA	83276	
MEMBER	JON DAVID BICE	2830 OLD OREGON ROAD	SODA SPRINGS	ID	USA	83276	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 167406</b>		Signature: Jon Bice			Date: 06/05/2017		
		Name (type or print): Jon Bice			Title: Owner		
Processed 06/05/2017		* Electronically provided signatures are accepted as original signatures.					