| No. W 149679 | | Due no later than Mar 31, 2018 | | 2. Registered A | 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. R & A WELLNESS, LLC RYAN SCOTT HARRIS 5509 CLEARFIELD LANE | | 5509 CLEARF IDAHO FALLS | RYAN SCOTT HARRIS 5509 CLEARFIELD LANE IDAHO FALLS ID 83406 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | IDAHO FALLS ID 83406 3. New Registered Agent Signatu ames and Addresses of at least one Member or Manager. | | ignature:* | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | AUBREY D HARRIS | | 5509 CLEARFIELD LANE | IDAHO FALLS | ID | USA | 83406 | |
| 5. Organized Under the Laws of: ID W 149679 | | 6. Annual Report must be signed.* Signature: Ryan Harris Name (type or print): Ryan Harris | | | Date: 02/01/2018 Title: Member | | | |
| Processed 02/01/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |