

No. <b>W 18125</b>		<b>Due no later than Feb 28, 2014</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>1. Mailing Address: Correct in this box if needed.</b>  PULSE HOLISTIC HEALTH L.L.C. APRIL CROWELL 725 N 15TH ST BOISE ID 83702		APRIL CROWELL 725 N 15TH ST BOISE ID 83702			
				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	
MANAGER	APRIL CROWELL	1208 N 19TH	BOISE	ID	USA	83702	
MEMBER	NATHAN MANDIGO	1717 S DIVISION	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID W 18125</b>		6. Annual Report must be signed.* Signature: April Crowell Name (type or print): April Crowell Date: 12/13/2013 Title: Manager					
Processed 12/13/2013		* Electronically provided signatures are accepted as original signatures.					