| No. **W 101455** | **Due no later than Mar 31, 2017**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>DOCTOR MOM'S WHOLESOME HEALTH PLLC<br>LARAMIE WHEELER<br>2410 E 25TH CIRCLE<br>IDAHO FALLS ID 83404 | LARAMIE WHEELER<br>2410 E 25TH CIRCLE<br>IDAHO FALLS ID 83404<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MEMBER | LARAMIE WHEELER | 2410 E 25TH CIRCLE | IDAHO FALLS | ID | USA | 83404 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 101455** | Signature: Laramie Wheeler | Date: 01/27/2017 |
| | Name (type or print): Laramie Wheeler | Title: Officer |

Processed 01/27/2017

* Electronically provided signatures are accepted as original signatures.