No. **W 145007**	**Due no later than Jan 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** HANDS ON HEALTH WELLNESS CENTER LLC ALISHA M SMITH 311 11TH AVENUE SOUTH NAMPA ID 83651	ALISHA M SMITH 311 11TH AVENUE SOUTH NAMPA ID 83651 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	ALISHA MARY SMITH	1909 SUNNYRIDGE R. #204	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 145007**	Signature: Alisha Smith	Date: 01/18/2017
	Name (type or print): Alisha Smith	Title: Owner

Processed 01/18/2017

* Electronically provided signatures are accepted as original signatures.