No. **C 163531**	**Due no later than Nov 30, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SUN VALLEY WELLNESS INSTITUTE, INC. HEATHER LAMONICA-DECKARD PO BOX 4174 KETCHUM ID 83340-4174 USA	HEATHER LAMONICA-DECKARD 304 N MAIN ST HAILEY ID 83333 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	CHERYL THOMAS	PO BOX 790	KETCHUM	ID	USA	83340
PRESIDENT	ELISABETH GRABHER	PO BOX 4174	KETCHUM	ID	USA	83340
DIRECTOR	DOLORA DEAL	PO BOX 42	SUN VALLEY	ID	USA	83353
SECRETARY	PAM JONAS	114 WILLOW RD	HAILEY	ID	USA	83333
DIRECTOR	ANDRIA FRIESEN	PO BOX 4174	KETCHUM	ID	USA	83340
DIRECTOR	STEPHANIE REED	PO BOX 4174	KETCHUM	ID	USA	83340
DIRECTOR	PIRIE JONES-GROSSMAN	PO BOX 4174	KETCHUM	ID	USA	83340
DIRECTOR	SCOTT CARLIN	PO BOX 4174	KETCHUM	ID	USA	83340
DIRECTOR	NICH MARICICH	PO BOX 4174	KETCHUM	ID	USA	83340

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 163531**	Signature: Heather LaMonica Deckard	Date: 01/07/2016
	Name (type or print): Heather LaMonica Deckard	Title: Registered Agent

Processed 01/07/2016

* Electronically provided signatures are accepted as original signatures.